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Original Articles.

"MALARIAL FEVER"—AS I SEE IT.

BY BEN. H. BRODNAX, Brodnax, La.

BRODNAX, LA., February 8, 1895.

Dear Doctor:—These are the rough-cut notions of an old man, who has had to learn by the bedside, what will cure his patient, irrespective of what the books say. So much is learned by hard study at college, which has to be unlearned, and something sometimes quite to the contrary, learned at the expense of life to your patients, after you have started into practice. Particularly at the South. If a man expects to practice at the South he ought to study and graduate at the South. The diseases are so modified in every way. For instance, I have never seen a case either of diphtheria, scarlet fever or genuine croup in my twenty-five years of practice, and "grippe" loses its grip when it comes South, and gets very mild in Louisiana.

Yours truly, BEN. H. BRODNAX.

Is there any use of describing the third day chill, second day, every day, and twice a day chill; or the chill that comes on at 4 P. M., goes off at 7 P. M., and returns at 8 A. M., next day, skips one day and repeats its work at 4. P. M.? We all know these, and that "bad air" is said to be the cause; but how about bad water as a mixture, with bad habits of eating, drinking and sleeping? Let us look at some of the causes, rather than the effects.

A wet summer followed by a dry fall is usually accompanied by an increased number of cases and varieties of malarial trouble. Why? Because heat and moisture are the developing agents of a fungus, (a low form of semi-vegetable and animal life), whose chief habitat is dead water. Those which are perfected in the earth amidst decaying vegetable matter are dried out by the dry August and September winds, and wafted by the wind until they find water or a suitable soil in which to germinate. This may be air vessels of the human body (according to some writers) or taken into the mouth and swallowed according to others, or

with infected water, which is my idea. That water is the most prolific source of propagation, I think, is an established fact. Hunters who are previously free of the trouble contract malaria after drinking stagnant swamp water. The seep springs on our Southern bayous are notoriously productive of the trouble. The closing of a well at Tampa, Florida, on a government plant, to which an outbreak of chills was traced and the immediate stopping of any new cases, should prove something. At the same time running water from the hill springs, or of our rivers, is not so sickly.

In 1878, I think, during the last cholera season, every case of chills and fever was preceded by dysentery and at times it was very difficult to control. Quinine seemed to have lost all its power to control the chills, and iron, strychnine, arsenic and turpentine had to be resorted to. It was about 1879 that the prevailing third day form, with the half hour shake, two hours fever and half hour sweat, gave place to the dumb chill. I have known the third day chills to hang on the patient for one or two years without very materially injuring him. Quinine, iron, and iodide potass., were the usual medication, but the chills seemed to wear off, rather than be driven off by them.

But in 1876 we had an epidemic of "dumb chills." In this form the chill was often not perceptable or exhibited itself by a slight tired feeling, a little pain in the legs, a coolness of the ends of the fingers, or toes, or often the nose. The fever set in with nausea and vomiting. Anything, even a teaspoonful of cold water, was instantly rejected. This continued till the fever went off or subsided, say in 24 or 48 hours, a short interval of rest, and the fever, etc., again arose. So much was this the case that you were told "there was no chill, the fever just kept on." With the fever was more or less of severe neuralgic pains in every part of the body. The bowels were badly constipated and almost impossible to get to act. Calomel in small doses, ¼ to ½ grain every half hour till 8 to 12 are taken quiets the stomach and usually moves the bowels. Glauber salts is a fine addition from its known hepatic action.

Now, do these symptoms point only to a trouble confined to the alimentary canal as some teach, and that quinine which kills

the fungi (bacillus) in the test tube also destroys it in the intestine?

Do not the symptoms point rather to a general systemic poison which by reflex acts on the brain? else, why this exact periodic return (like neuralgia) exact to the minute, every first, second or third day? Are there three or four different kinds of bacilli, which "perfect themselves and act" on the days assigned each kind? What is neuralgia, but another form of chills and fever? Has it not the same periodic return? Do not the same drugs effect a cure of both? Can you stop either without first cleaning out the stomach and intestines with calomel and salol or some other disinfectant? And it is curious how very little of the medicine is necessary to cleanse them. Let us suppose that the trouble is a nervous explosion and is reflex. What is the rational mode of treatment? Is it to stimulate the brain which is already excited? Would it not seem more reasonable to use a sedative, and as a sedative, what is better than acetanilid or some compound containing it. It does not constipate like morphine. My attention was first drawn to this drug shortly after its first appearance. Its effects were said to be "it produces sleep and perspiration."

My first trial was on an eight months old infant, with high fever and threatened convulsions. "It had had no chill," so the mother said. In ten minutes after administration of one or two grains, mixed in glycerine, it was quiet, asleep and perspiring. Five or six 1-10 gr. doses of calomel, and 1½ grs. of acetanilid at 7 P. M. next day, and then there were no more chills. I am satisfied the treatment saved its life, as nothing except chloroform could have controlled the convulsions, and congestion of the brain would have set in before anything else could have had any effect.

"Congestion of the brain," "infantile apoplexy," "nervous explosion," call it what you will, is certain death under one year of age. "The first blue fit finishes the job," said an old swamp doctor to me early in my practice. In from one minute to five or eight hours life is extinct. I do not think I overestimate the number when I say I have saved twenty-five infants lives, in the last five years, by the use of acetanilid, in preventing the chill

or aborting the fever, thus keeping off this "first blue fit." It acts so quickly and so effectually as a nerve sedative. Gives time to prepare the system for resisting the return and bring on the climax (the sweat) in a few minutes. Is not the chill and fever rather a symptom—the cause being a disordered liver, blood circulation and intestinal canal? Was old Dr. Physic wrong, when he said, "Neuralgia was the prayer of the brain for healthy blood?" Why do our teachers say, "give quinine," "it is the shut anchor," "is quinine a sedative in full doses?" Any one who has sat, as I have, hours and days for twenty-five years at the bedside and with the thermometer in hand, noted the temperature and pulse when no quinine was given, but only acetanilid in its place, and the same case when full doses of quinine were given, will hardly say that quinine is not a stimulant, no matter what the dose. I have seen in dozens of cases the temperature go down and pulse become natural in from 15 to 20 minutes, and the comatose patient waken with consciousness a little later under acetanilid; while when under the same circumstances, quinine had been given, the temperature go up from one to four degrees; the pulse, ten to twenty beats; restlessness, amounting to delirium, and the duration of fever extended four to six hours longer than usual.

Is there anything strange that the laity will ask, as a very sensible woman once asked me, to whose son I had been called (delirious under quinine) "Doctor, why do you doctors who read the same books and attend the same diseases persist in giving quinine in malarial fever?" I had given the boy five grains of acetanilid, and the mother had seen her boy sleep and perspiring in a few minutes afterward. When will our medical men look beyond the text-book and not mistake a symptom for the disease. If the blood is poor and thin because digestion is impaired, why give quinine which impairs taste, takes away the appetite, and causes one to loathe both food and water. Why not give some good acid iron tonic or R. and H. three chlorides to aid assimilation, appetite and digestion. If the liver is out of order (which it always is) calomel in small doses and Glaubers salts. If intestines are foul clean them out with calomel and salts. But don't give

quinine to stimulate an overworked circulation, and which, if it fails to avert the chill, makes matters worse.

At a recent meeting of our "Morehouse Medical Society," when this subject was broached, some took the ground that they would be deterred from using it, in abating a chill or fever, on account of the alledged heart effects. During the last four or five years (since the introduction of the drug) I have used several pounds per year, and in only two cases have I seen any cyanosis. A few drops of camphor water in one, and a teaspoonful of pepper tea in the other, relieved them in a few moments. Living in a country where malaria is the principle, almost the only trouble, and using the drug in hundreds of cases every year and constantly seeing it work like magic, if the drug was so dangerous as reported, I would have seen more than two cases of slight cyanosis in that time. I have before me letters of three physicians in different parts of the South, who have tried it on my recommendation and report success in each case.

If for nothing else, its use will save the unpleasant effects on the patient of quinine, even if it (the quinine) is successful in curing, and if it fails, makes matters worse. I do not think the acetanilid is safe to use for a long period, as in specific fever, such as pneumonia, etc., but in malarial affections I have found as yet nothing to deter me from using it, even more in future than in the past. At least it is worth an unprejudiced trial.

TREATMENT OF ERYSIPELAS.

By Dr. A. G. Wollenmann, Ferdinand, Ind.

Dermatitis erysipelatosa is a severe infection of the skin. Fehleisen and Koch cultivated erysipelas cocci and vaccinated them on gelatin, and from there on living individuals by whom again erysipelas at once developed, Through this was discovered the microbe of this infectious disease. We already know that a little boil, an insignificant wound, or an almost invisible scratch of the mucous membrane may be the entrance for this microbe. The cutis or mucosa where erysipelas cocci penetrates must be somewhere injured. In cold seasons of the year we often meet

with erysipelas. In special places, in swampy regions, and in many hospitals this disease is especially very frequent; likewise many persons are extraordinarily subject to erysipelas, such as blonde and red-haired persons with delicate skin. Suppurating facial sores are easily affected with dangerous erysipelas. Erysipelas seldom remains on one spot; it creeps onward, generally upward along the lympathic streams, it also expands sideways. Erysipelas migrams may extend over the entire body, and then begin anew. We find emigrated in erysipelas numerous white blood-corpuscles. We have an erysipelas oedematorum where the exudate reposes in the cellules of the Rete Malpighii. Large blisters may originate which dry to a yellow scurf and accordingly we have erysipelas vesicuposum, cupposum or erustosum. Erysipelas fixcum remains without spreading on the same place. Frequent relapses of erysipelas can cause a remaining thickening of the skin so that it appears to be elephantiasis. The diagnosis is easily given: high fever, chills, inflammation and swelling with great expansion of the lymphatic glands mostly sympathically swollen; pulse, 120–130 per minute; temperature 104°–106° F. A case of acute erysipelas attains on the third or fourth day its culmination. On the fifth day the symptoms of this disease change for the better or worse. Does erysipelas start in a severe form or is it generally a part appearance of some other severe infectious disease? Severe illness proceeding erysipelas are for the patient prognostic infaust. Dry tongue, great thirst, and albuminuria are earnest symptoms. Not infrequently develops during high fever oedema pulmonis which leads to exitus lethalis.

Very manifold and dissimilar are the usages in the treatment of erysipelas by the authorities on dermatology. We frequently have the opportunity to observe many different symtoms in one single case, the variations of slight flushes, the slightly swollen tissues, so that dangerous varieties of this illness are very numerous. Two years ago I had three patients afflicted with erysipelas, and one month ago two severe cases of facial erysipelas. The first being a little girl four years old; she was taken suddenly ill one evening with a high fever. The following night she was very restless and had several attacks of convulsions. On

visiting the child in the morning, I found her left lower leg up to and above the knee very much inflamed, of a dark red color, somewhat oedematous. It was undoubtedly erysipelas. The infection seemed to be caused by a scratch which I found near the middle of her lower leg.

First I prescribed a purgative, then I gave antipyrin to lower her temperature. The lower and upper leg and knee two fingers breadth above the erysipelas I penciled with Ichthyol collodium.

℞. Ammon. sulfoichthyolici.
Spir. aether . . . . . *aa* ʒij.
Collodii . . . . . ʒss.

let it dry perfectly, then bandaged the leg with cotton and continued the same treatment the next three days and by that time the erysipelas had entirely disappeared and the little patient had recovered.

The second case was a lady 29 years old, who had suffered for fourteen days with panaritium on the right fore-finger. The wound induced severe febrile symptoms, also a violent erysipelas over the whole hand and lower arm. Each day (until the erysipelas had entirely disappeared, which was in five days,) I penciled the entire arm with Ichthyol-collodium, then bandaged it in cotton. The wound was cleansed each day with creolin solution.

The third was a case of "Facial Erysipelas." The man 38 years old had the right side of his face infected with erysipelas, the cutis of the cheek and eye-lids severely inflamed and swollen, temperature 104° F. I applied the same therapy as in the former cases with the same good results; painted the inflamed part with Ichthyol-collodium; in three days the oedema had subsided, the inflammation had entirely disappeared, and in two more days the patient was well.

The fourth and fifth case which I treated the past month were very severe. M. W., 18 years old. Erysipelas appeared in the most violent form in the face. Three times it commenced anew. Towards the declination of the disease a large abscess formed itself at the back of his head; out of the incision flowed about 2 cupsful of pus. A few days before each incision the patient felt

real well and fever free, but then appeared suddenly without any expectancy, high fever, his temperature being each time 106½° F. and 160 pulse.

Therapy, Roborantia, Antipyretica and, externally, Ichthyol-collodium. After I had made an incision in the abscess, which formed itself after the third incision, there was no more increase of temperature. The wound was cleansed each day with antiseptic solution and the opening tamponed with iodoform-gauze. In three weeks complete recovery. In the fifth case the erysipelas remained restricted on the left side of face, which I attribute to the early application of Ichthyol-collodium, this case being healed in eight days.

In these cases I have found Ichthyol to be a superior remedy. The treatment with it has rendered me the best of services. Ichthyol seems to be invaluable in the above named disease, because after the first application the Ichthyol-collodium had a marked effect on the decreasing temperature, peripheric spreading of the infection and inflammation. In no case did the erysipelas creep any further. In the second and third case the temperature decreased without any internal medicament. Without any doubt Ichthyol as a therapeutic remedy can not be excelled. It has a restraining influence on the spreading of the disease and as it seems, destroys the vegetation of the pathogenous streptococcus caused by erysipelas. On the erysipelas cocci it has an especial specific effect; according to this we may judge it to be an invaluable remedy we can surely depend on in the treatment of erysipelas. As it is a remedy that possesses such remarkable healing powers it ought to obtain a fair trial with every practitioner, and we might place it as a beneficial and reliable remedy in the Materia Medica for the treatment of erysipelas. Through what properties Ichthyol has such an auspicious influence on said disease is not yet positively known. On applying it to the skin, we observe a strong constringent effect. It excites the resorption of exudation. Through experiments it has been proved that a solution of 3½% has in several minutes a pernicious effect on streptococcus erysipelatosus, staphylococcus, gonococcus, trichophyton tonsurans, etc. Ichthyol was first introduced to the medical profession by the dermatologist Nuna. It is the distilled

product of bituminous stones which originate from the decomposition of prehistoric fishes, as the petrefact found therein shows. In commerce it appears in two different salts, Ichthyol-ammonium and Ichthyol-natrium. In conclusion I may say Ichthyol operates powerfully against inflammation and it is the most reliable remedy in all cases of erysipelas.

FISTULÆ CURED WITHOUT CUTTING.

By J. W. Vance, M. D., Madison, Wis.

There are thousands of sufferers from fistulæ, who on account of fear of cutting operations, endure for years the pain and inconvenience rather than submit to the so-called scientific treatment —the bistonry.

My treatment, although not scientific, is successful; it is comparatively painless, requires no anesthetic of course, and as a rule, patients can pursue their usual avocations while undergoing the operation.

If the case presents acute inflammation, I treat it in a few days, cleansing the cavity with hydrogen per ox., and apply camph. phynique before operating. When inflammatory action is subdued, I take a short silver probe with an eye in the flat end and having cut a small rubber band, such as is used in tying up packages, I pass the end through the eye of the probe, I pass the probe through the fistulæ into the rectum or arms and bringing the point of the probe out through the arms. I now take one end of the rubber cord between the thumb and finger of one hand and holding it firmly, draw the probe through the arms, and now having both ends of the cord, I draw carefully upon them, and having a small piece of silver, half an inch long, one-eighth of an inch wide, and about as thick as ordinary writing paper, bent nearly together in the middle so as to serve the purpose of a clamp upon the cord. Now holding the silver clamp on the cord near the opening of the fistulæ with a pair of pliers, I pinch the band tightly upon the cord. It now holds the cord firmly drawing slightly upon the part embraced in the loop. I press a

piece of absorbent cotton under the loop to prevent the cord cutting upward into the skin.

The patient is directed to call at my office the next day when I inject the cavity with hydrogen per ox., and replace the cotton under the loop with a fresh piece. I repeat this from day to day, and usually in three or four days the cord works through, the pyogenic membrane disappears, and the healing process is well under way by the time the cord is liberated. When the cord is loose and the cavity open, I use in addition to the hyd. per ox., an antiseptic powder with an insuflator, aristol one part, to stearate of zinc five parts. This cleanses and disinfects the cavity. It heals from the bottom and although the course of treatment takes from ten days to two weeks, it is very satisfactory in its results to both patient and physician.

ARRESTING A COLD.

By Jos. H. Crain, M. D., Beechwood, Ills.

There are many methods adopted by the profession, and by the people, for arresting a cold, as it is usually called, and without relieving them. I wish to emphasize the fact, that opium, in almost any form will give entire satisfaction, if taken promptly. For most persons one grain of opium, or eight or ten of Dover's powders, or six teaspoonsful of camphorated tincture, or thirty drops of laudanum, with or without a hot foot-bath and a warm bed, will certainly save long and harassing sickness.

If a chill ushers in an attack accompanied by pain in the lungs I usually give two grains of opium with twenty of calomel; and as soon as the fever comes, direct six drops each of extract of veratrum, aconite and ipecac; to be repeated every two hours or oftener. If the fever does not quickly subside—or vomiting ensue—the dose may be lessened. The opium should be pushed within the first few hours, to the extent of narcotism, rather than allow the fever and pain to continue. Mustard may be used freely as a revulsive, if it can be had before much heat arises; and frequent sponging with water, if it can be judiciously employed, will make the relief more prompt and certain.

It is wholly unjustifiable to allow pneumonia to advance, if the physician is called at the very outset of symptoms premonitory of severe cold, particularly if attended with pains in the bones and chill; and it is my uniform practice to tell people to send for me early or not at all.

I have had most excellent results from phenacetine in most fevers, and where it is possible to watch the case a few hours personally, have found it to serve the purpose of the above combinations, but in a country practice, opium, ipecac and veratrum can be depended on, with absolute certainty, if resolutely enforced.

THE MILK QUESTION.

By T. B. Greenley, M. D., Meadow Lawn, Ky.

Under this heading the Philadelphia *Medical News* has laid an embargo on the use of milk that may result in bankrupting the city's neighborhood dairies. The *News* says:

"Farmers naturally resist the recent action of the Board of Health, but it would be well for them to remember that the Board is rather behind than ahead of educated public sentiment. The first rule was an order for inspectors' certificates to be signed by a local reputable veterinarian, and no demand was made for the tuberculin test. This position was found to be untenable, reluctantly the tuberculin test applied by an expert was required, as inspection even by the best educated eyes notably failed to detect tuberculosis in diseased cattle."

The *News* speaks of educated public sentiment being in advance of the Board of Health. We should like to know by what means public sentiment was educated in advance of the public health educators, and how "public sentiment came to demand the application of the tuberculin test in diseased cows?" If the "inspectors who received certificates from the reputable local veterinarian" could not distinguish a sick cow from a well one, it would seem to be a common-sense view to have gotten the cow doctor to examine the animal himself, and give some

lessons to the inspectors. But should the doctor have given the certificates without knowing the qualification of the inspectors?

But the *News* says: "That inspection by the best educated eyes notably failed to detect tuberculosis in diseased cattle," and that "it is necessary to apply the tuberculin test by an expert." We wonder if this report was one of the certified inspectors' or was it of the veterinarian himself, and was he a person who had been promoted to his office by "advanced educated public sentiment?"

The *News* says: "For years we have been improving or trying to improve our surroundings by sewering, trapping and ventilating traps, putting all our ingenuity at work to remove the known sources of disease, while all the time the advanced science of the day knew that we were throwing wide our doors and inviting the most deadly contagion into our houses, and offering it to our children and friends in our milk supply. This knowledge once in the possession of the few is now rapidly becoming the possession of the many, and either milk must go, or it must come to us in unquestionable shape."

It seems unaccountable that the advanced scientific Board of Health should have caused so much money to be spent in "building sewers, trappings, etc.," while they knew the "doors were wide open admitting deadly contagion to their families and friends." It is strange they did not close the doors against what they knew to exist rather than spend so much money fighting against imaginary causes of disease.

The *News* further remarks, "That milk is much less used than formerly. Thousands of families boil it. Thousands avoid it with good reason, as it has been proved to have conveyed to the human race tuberculosis, typhoid fever, scarlet fever, diphtheria, dysentery, cholera infantum, cholera, and ulcerated stomatitis."

From the above sentence it might be inferred that the *News* meant to convey the idea that the above-named diseases originated in the cow, and through her milk were conveyed to our race.

As to tuberculosis it would be safe to say that if it is impossible to distinguish a cow affected with this disease from one in perfect health, and there was doubt about her condition, it would be a

very easy matter to examine her milk microscopically. We all must agree that if the bacilli are absent from the milk there is no danger in its use as a food. This test would be more certain, humane and much more economical than to destroy the cow on the uncertain test of tuberculin.

As to typhoid fever and cholera we must demur to the idea that cows are ever affected with either of these diseases, and if not, how could they give rise to these diseases in man?

But it will be said the microbes may get into the milk before it is used. This is true enough, but is it more likely that the microbe of these diseases should contaminate milk than any other article of diet? Then again, as the germs of these diseases are anærobic they can not affect the milk through the atmosphere. As they are only found in the discharges from the bowels it should not be a very common thing for either to find their way into milk. The contagious elements of diphtheria and scarlet fever being ærobic may be absorbed by milk, and in this way produce disease, but it is, we presume, a very rare occurrence that such a thing happens, as milk is not usually kept in a room where these diseases exist. We are sure of one thing, that is we do not get the disease direct from the cow, and consequently she should not be blamed.

As to cholera infantum, we know the cow never has it, but at the same time we must admit the possibility of sour milk given to a delicate child in hot weather, having the effect of disturbing its stomach and bowels. But that would be the fault of the nurse and not of the cow. Nobody ever heard of a child having cholera infantum from the use of good milk in cold weather.

As to dysentery, I presume a cow never has it, and as the coli-commune is only found in bowel discharges and an ærobicit would be as likely to get into anything else as milk.

It is not probable that milk, good or bad, ever produced a case of ulcerative stomatitis.

We quote further from the *News*, "It also labors under far more than a suspicion of having extensively carried influenza, especially in its gastric and enteric forms. It would not be impossible, under a universal public disgust for the whole business to be ruined—and the butter—well, the Eastern nations clarify

it by heat into a sort of oil which they admire, and which the biologist will probably consider safe; but lands flowing with milk and honey will no longer excite longing anticipations or cause wars for the acquisition of such territory, for the honey of to-day, if we believe the food pessimist, is but a flavored glucose in artificial combs, and the milk that should nominally flow beside it may—well—in the coming day be also a chemical product."

When we come to charge the cow with propagating the grip it is to be hoped the last nail is driven, for, of course, if we can successfully lay the blame on the cow for giving us the grip, she will have to go. We could forgive her for most everything else, but giving us the grip would be an unpardonable sin. Such a surmise as the cause of grip coming from the cow to those who know anything of the manner of its prevalence would seem mere nonsense. An expert must have suggested all those charges against the cow. But this expert seems to be happy in the anticipation of the time when we will live on artificial food. The question as to what character of food we are going to live on is becoming somewhat serious. If the cow is taken from us, half the enjoyment of living is destroyed. Then bread is a very important item, and from late information the bakers, like the cow, will have to go. It is now discovered that the loaves contain immense numbers of microbes, and consequently we must cook our own bread and eat it while hot; cold bread is dangerous. Of course, we must not eat beef unless the tuberculin test was applied before butchering, as it is impossible for an expert to say whether the animal is diseased or not. Then again, we must deprive ourselves of the enjoyment of that delicious shell-fish, the oyster, as it is affected with the typhoid germ.

Where is this thing going to stop? Will everything in the eating and drinking line we have used since the world began, be condemned on account of microbes?

The general use of the sacrament cup is already condemned, and each communicant must furnish his own cup, and, of course, sterilize it before using it. And it seems that paper money must also go, as it is a dangerous carrier of microbes; and, of course, metallic currency will have to be sterilized before handling, as microbes have been found adhering to it. We are also to be de-

prived of the pleasure of kissing our wives, sweethearts and friends, and will soon have to dispense with hand-shaking, as microbes are frequently found adhering to that organ; and as to letter-writing, it soon must cease, and our correspondence must go by telegraph as the mail-bags are infested with microbes. So it seems danger surrounds us on every side. Oh! when will the scientific pendulum begin to swing to the right?

REPRESENTATIVE PRACTITIONERS.

(*Illustrated.*)

By the Editor.

Who is the representative practitioner? What sort do we think of when we speak of him? Who are the men that have raised the standard and dignity of our profession from the barber-shop, for the barber was once the leech, you remember, to a level, at least, of any calling, and who are they maintaining that high standard? Cast about in your mind for this model physician, the one that under all circumstances, anywhere you would be glad to trust as your representative, feeling sure that the honor of your profession, and your personal honor no less, would never be compromised, always manfully maintained.

As a rule, the representative practitioners are not found in our great cities. They are not those doctors who are most in the public gaze. They are not the alleged sticklers for the rigid maintenance of the old code of medical ethics, any more than are the opposite extreme; nor yet, are they that class of clever physicians who seem to successfully straddle every question, and all the time continue to maintain themselves on the crest of the wave, who are all things to all men, in Rome doing as Romans do, with alternate breath crying good Lord and good devil, preaching conservativeism and self-effacement in the councils of their brethren, the very moment that their pompous pictures and pompous words are occupying columns and pages in the biggest and most blatant of secular organs. No, we must look away from our great cities for our representative doctor, away from all the temptations that lead to deceit and gaudy success, or condemn to insignificance and nonentity. We find him elsewhere—our representative—on every hand. He is still in the vast majority. He is just what he seems, a true man, a loyal citizen, a good

doctor. Beside this there remains little more that can be spoken in his praise. Last month we presented to our readers the portraits of a few of our friends we believe to be representative practitioners in the great state of Illinois. In this issue there are a score or more in addition. Next month we propose to tell something of what the representative practitioners of the powerful commonwealth of Michigan have done and are doing, with portraits of some of them.

The following is a brief sketch of the work of those whose pictures appear in the front of this JOURNAL:

1. W. E. Gordon, M. D., Old Ripley, Ills., was born 1865 in Baden, Ills. Young Gordon attended the public schools until his eighteenth year, when he went to Carlyle, Ills. and attended the high schools of that city one year. From here he went to Lebanon, Tenn., and attended McKendree College. Two years after returning home from McKendree he chose his father's profession and at once began the study of medicine in his father's office. His father, John H. Gordon, M. D., for the past fifteen years has enjoyed the distinction of being one of the leading physicians of Southern Illinois. W. E Gordon entered the Mo. Med. Coll., of St. Louis, and graduated from that institution in the spring of 1890. He at once entered upon the duties of his profession at Old Ripley, Ills., where he has built up a good, profitable practice. The Dr. is also a registered pharmacist, is identified with several medical societies and is medical examiner for several fraternal societies and life insurance companies. In addition to himself, his household effects include his good wife and four children.

2. J. Neil Cox, M. D., of North Henderson, Ills., is 44 years of age, was educated in the common school and began teaching. Afterward attended at the Northern Indiana Normal and Knox College. Began the study of medicine at 22, continued with Dr. J. B. McLaughlin, three years, and after three years at medical school graduated from the medical department of the University of Wooster, O., and began practice first in Minnesota. He removed to his present location in 1890, where he now enjoys a good and increasing practice. Dr. Cox is a member of the Military Tract Medical Association, the County Medical Society, and that of the nearest city, Galesburg.

3. J. F. Blanchard, M. D., of New Brunswick, Ills., entered the Eclectic Medical Institute of Cincinnati, in 1878. Graduated in 1881. Moved to New Burnside, Ills. in 1882. He soon gained and has since maintained a lucrative practice. He has been

examiner for several Life Insurance Co.'s, and is at present a member of the U. S. Pension Board at Vienna, Ills.

4. Drs. Agnew, father and son, Makanda, Ills. Frank M. Agnew, M. D., was born at Symmes, Hamilton county, Ohio, Nov. 21st, 1840, educated there and at Branch Hill. Graduated at Medical College of Ohio, 1862, received *ad eundem* Miami Medical College, 1866. Originator, charter member and ex-president Southern Illinois Medical Society, having a membership of nearly two hundred.

5. T. Lee Agnew, A. B., M. D., born at Happy Home, May 7th, 1871, was educated at Ewing College, Illinois, and South Western Baptist University at Jackson, Tenn., graduating at the latter, June, 1892. Received medical education at Marion Sims Medical College, St. Louis, Mo., graduating March, 1895. Drs. Agnew reside at their country villa, "Happy Home," on the hill tops overlooking Makanda, from which their practice extends to Jackson, Union, Williamson and Johnson counties.

6. Dr. C. H. Gilmer, of Villa Grove, Ills., is now 28 years old. He is a Virginian by birth, received schooling in that state and attended two years at the Richmond Med. College, of Richmond, Virginia. One year at the Louisville Med. School of Ky., where he graduated in 1888. Located in Villa Grove, Ills. in the same year where he has practiced ever since. Dr. Gilmer has achieved marked success in his work, and has on all accounts worthily maintained the dignity and good name of his profession and native state.

7. Dr. B. A. Griffith was born in Niles, Mich., 1844, and spent his boyhood days in Ind. and Ills. At the age of seventeen enlisted in Co. A. 59th Ill. Vol. Inf. Re-enlisted as veteran in Dec., 1863, and was transferred to U. S. Signal Corps next year. Marched to the sea with Sherman, and was discharged at St. Louis in July, 1865. Went to Monmouth, Ills., where he was married in 1865, and received a commission as postmaster from Andrew Johnson the same year. Finally studied medicine and began practice with his step-father in Holt Co., Missouri, in 1869, where he dispensed both medicine and law, being elected J. P. After practicing several years in Mo. he moved to Chicago where he attended lectures and graduated from the college of Ophthalmology and Otology, also attended lectures and graduated from Bennett Medical College in the class of 1878, after which he located in Swan Creek, Ills., where he has built up a good all-round country and village practice.

8. J. N. Black, M. D., of Clayton, Ill., was born in Clayton, Ill., March 27, 1860. He is the youngest son of the late Hon.

Dr. G. T. Black. His father having been twice a member of the legislative body of Illinois. He was one of the famous 306 Grant men in the Chicago convention, and one of the founders of the Illinois State Board of Health. Dr. J. N. Black with a common school education, studied medicine several years under his father then took a years preparatory course in Keokuk Medical College of Keokuk, Ia., acted in the capacity of drug clerk two years, then attended Rush Medical College of Chicago two years, from which institution he graduated with high honors in 1883. He located in Clayton, and immediately began the practice of his profession where he has been ever since. He is a member of several medical societies, and medical examiner of some twenty life insurance companies.

9. Master Dr. Thomas Earle Black, son of Dr. J. N. and Lizzie Black, born at Clayton, Ill., July 13, 1890, being now little over four and a half years old. This child has a most wonderful tact for surgery, and is invariably present when his father has minor cases on hands and pleads to assist, and while blood and a maimed member excites pity, yet he never was known to flinch. This little surgeon has his own bandages and dressings and keeps the house cat busy tearing off the splints and bandages he so seriously applies.

10. S. C. Whitcomb, M. D., of Oneida, Ill., was born in Henry County, Illinois, in 1848, studied medicine under the direction of Dr. N. F. Lowry, of Woodhull, Ill., and was graduated from the Hahnemann Medical College of Chicago, February 20, 1883. Has been in practice twelve years. Believes there is much good in all schools of medicine, but accepts fads only after thorough testing. Believes the time not far distant when the "code of ethics," (the stumbling block of real advancement) will be abolished, when there will be but one school—the true Physician, and be governed by the code that marks the real gentleman.

11. Dr. Geo. H. Rice, of Sandoval, Ills., is the son of Dr. Caleb Rice, a distinguished surgeon. The subject of this sketch was born at St. Charles, Mo., 1855. Receiving only an academic education. He followed the drug business for a number of years, during which time he read medicine; took a course at the American Medical College of St. Louis, where he graduated in 1879, and went to Bandera, Texas, passed the district medical board examination and practiced for ten years in that locality. He subsequently took a post-graduate course at Louisville in the medical department of the University, graduating March 1, 1889. While in Texas Dr. Rice held several prominent positions, was a leading member of several societies. Also State health officer and

county physician of Bandera county. Dr. Rice moved to Sandoval, Ill., in 1892, where he now resides, enjoying a large and lucrative practice, making a specialty of diseases of the stomach. The doctor has been very successful in the treatment of diseases of that nature and has many patients from a distance under his care. Dr. Rice is a member of the Southern Illinois Medical Association, also of the State Medical Society, and has recently been appointed local surgeon for the Illinois Central R. R., a well deserved recognition of the doctor's ability as a surgeon. Dr. Rice enjoys quite a local reputation as an enterprising business man, being secretary of the Sandoval Improvement Association, which has been the means of locating a number of new industries in his vicinity. He is also one of the proprietors and editors of the Sandoval *Free Press*, and medical examiner for a number of insurance companies. In conclusion we may say that Dr. Rice is a most popular and courteous gentlemen, and a careful and successful practitioner, one among the few destined to reach the top round of the ladder.

12. Dr. F. A. Williams, of Ritchie, Ill., was born at Westerville, O., graduated from O. U., 1883, Columbus Medical College, 1891. He practiced four years at Ritchie. He is doing well.

13. J. C. Epperson, M. D., is 45 years old, has practiced medicine and surgery for the past eighteen years, eight years in San Francisco and ten years at present location. He graduated first at the Pacific Med. College of San Francisco in 1878, and in 1882 at the Cooper Med. College of same city, receiving the first diploma that was ever issued from the above-named college. Dr. Epperson has been surgeon for the P. D. & E. Railway for past five years. He was born in Coles County, Illinois. He is a member of the Æsculapian Society of the Wabash Valley.

14. Dr. L. M. Rosat, of Greenville, Ills., graduated at the Homeopathic Medical College of St. Louis in 1890. Has practiced medicine one year in St. Louis, and four years in Bond County, Illinois. We have learned no further details of her career.

15. Joshua G. Ellis, M. D., Cerro Gordo, Ills., was born in Pope County, Illinois, March 26, 1889. Commenced the study of medicine at the age of seventeen, and graduated from the American Medical College, St. Louis, June 1, 1880. Praticed the first five years at Dudenville, Mo., removed to Oakley, Ill., November, 1885, remaining there three years, then located at Cerro Gordo, where he now has a good business.

16. Alf. A. Conkling, Ph. D., M. D., was born in Bath Summit Co., Ohio, Feb. 11th, 1847, attended Western Reserve

College. Taught school in Summit Co. for several years, studied medicine under Dr. Rufus Randall, attended medical school in Cincinnati and Cleveland, O., graduated University of Wooster in 1873, Western Reserve University 1882, went to McLean Co., Ills. in 1874, and has practiced medicine here ever since

17. Dr. G. W. Drury, of Forsyth, Ills. was born Dec. 18th, 1853, received a common school education, begun the study of medicine in 1878. Graduated from Missouri Medical College, of St. Louis, Mo., in 1882. He does a general practice but gives special attention to surgery and diseases of the heart, lungs and kidneys, is also a registered pharmacist in Ills.

18. Dr. J. W. Franklin, of Diana, Ills., is 56 years old and has practiced medicine for 39 years. He graduated from the Kentucky schools and at Louisville, Ky., in 1864, was in the U. S. A. hospitals at Louisville, Ky., and Nashville, Tenn. as medical cadet and assistant surgeon from August, 1861, until May 15th, 1865, and in June, 1865, moved to Diana, Coles county, Ills. and has been at that place ever since. He has as good if not the best country practice in the state of Ills Dr. Franklin is a member of the Abraham Lodge No. 8, F. and A. M. at Louisville, Ky., and has been for 32 years; also a member of the Kickapoo Lodge No. 90, I. O. O. F. of Charleston, Coles county, Ills., of twenty years standing. He has served two terms as Notary Public and is now serving his third term.

19. Frank W. Goodell, M. D., of Effingham, Ills., is coroner, health officer, physician to St. Anthony's hospital, physician to county poor house and jail, Sec'y. Inter State Med. Society, Vice Prest. of Sydenham Med. Society, member Southeastern Ills. Satte Med. Society, Prest. of local board of state charities, etc. Age 35. practiced medicine and surgery 18 years, author of "Goodell's Pocket Anatomy." He is a leader in the profession.

20. M. D. Tibbetts, M. D., of Highland, Ills., was born in Manchester, Ind., June 1st, 1857, moved to Ills. in '66. Attended the Wesleyan University at Bloomington, Ills. two years, Graduated at Mo. Medical College, St. Louis, March 2d, 1881, has practiced 14 years. He is now local surgeon for Terre Haute and Indianapolis R. R. and the inventor of Tibbetts Bandage roller.

21. Dr. M. W. Baysinger, Grand Tower, Ills., is 37 years old, was born in Hardinsburg, Breckenridge, Co., Ky., came to Jackson county, Ills. at 23 years of age, attended medical lectures at Mo. Medical College, St. Louis, graduated 1883. Attended University of the city of N. Y. 1890 and '91, receiving

the degree again Dr. Baysinger enjoys a large, lucrative practice.

22. Ithiel Silsby Stevens, M. D., for many years a practitioner at Green Valley, Ills., is now located at Schuyler, Nebr. He is a native of Clermont County, Ohio. He graduated at the Cincinnati College of Medicine and Surgery in 1880, and commenced practicing at once in Illinois. At present he has a flourishing practice in Nebraska. There have been physicians in Dr. Stevens' family for generations.

THE GERM CLUB PAPERS.

Membership:—The Doctor—The Theorist—The Observer—The Reasoner—The Schemer—The Student—The Inventor—The Cynic and the Doctor's Wife.

EDITED BY THE SKEPTIC.

When the regular monthly meeting of the Germ Club was called to order, in the Doctor's cozy quarters in Ludlow street, the Schemer promptly claimed the attention of the Club in the following words:

"Gentlemen of the Germ Club," he exclaimed, waving a large roll of manuscript in his right hand, to the evident embarrassment of the Doctor's Wife, who viewed the Schemer's proximity to the bric-a-brac on the mantel piece with dismay, "Gentlemen of the Germ Club, I have evolved the biggest scheme of my career. I recently read, with a great deal of interest, a little volume loaned to me by the Doctor, containing the code of medical ethics under which quite a number of physicians of this country, and elsewhere, practice. I have been a member of the Whiskey Trust, the New York police force, the A. P. A., the Molly McGuires, the White Caps, and various other orders for the advancement of the interests of the parties concerned. All these organizations are failures. These physicians alone in their code of ethics, have discovered the only true method of making your competitor take his hat off to you, whether he wishes to or not.

"My scheme consists of getting up similar codes, applicable to each of the various trades and occupations. I shall copyright

these codes, and reap a fortune from the royalities. The first code which I have concocted, I have entitled, 'The Code of Tradesmen's Ethics,' to be adopted by the American Tradesmen's Association. It is based upon the medical code, and reads as follows:

"Article 1. The duties of Tradesmen to their customers.

"A grocery-man or butcher, should not only be ever ready to fill the orders of such of the hungry as are financially responsible, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. These obligations are the more deep and enduring, because there is no tribunal, other than his own conscience, to adjudge penalties if he sands his sugar, waters his vinegar, and deals out short weight in general. Grocers and butchers, should therefore, minister to the hungry, with due impressions of the importance of their business; reflecting that the appetites, the digestion, the health and the lives of their customers depend upon the quality of sand which they put in their sugar, and of the chicory which they put in their coffee.

"Grocers and butchers should study in their deportment, so to unite tenderness with firmness, and condescension with authority as to inspire the minds of their customers with gratitude, respect and confidence. Every order for groceries or beef-steak, committed to the charge of a grocer or butcher, should be filled with speed, accuracy and punctuality. The grocer and butcher should grant reasonable indulgence to the mental imbecilities and caprices of the famished. The familiar and confidential intercourse to which grocers and butchers are admitted in their business visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. A grocer or a butcher, should never betray to any marriageable young man, the enormous appetite of any of his young lady customers for beef-steak or groceries, either dry or green or liquid. The obligation of secrecy, extends beyond the petiod of business connection; and none of the privacies of personal and domestic life, revealed by the hired-girl, or imparted by the chamber-maid should be divulged by the grocer or the butcher.

"Frequent visits to the hungry are in general requisite, since they enable the grocer or butcher, to arrive at a more perfect knowledge of the customer's appetite; to meet promptly every change of appetite that may occur, and also tend to preserve the confidence of the customer in the purity of the grocer's goods, and the probity of his prices. Unnecessary visits, however, are to be avoided, as they give useless trouble to the customer, tend to diminish the dignity of the grocer, and render him liable to be suspected of being in collusion with the cook. It is the duty of the grocer to avoid all things which have a tendency to discourage the customer, and depress his appetite.

"The opportunity which a grocer not unfrequently enjoys of promoting and strengthening the good resolutions of his customers, who are suffering from the consequences of forgetfulness of Saturday night obligations, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offense, if they be proffered with politeness, and evince a genuine love of financial integrity, accompanied by a sincere interest in the appetite of the customer to whom they are addressed.

"Art 2. Obligations of customers to their grocers, butchers, bakers, etc.

"The members of the Tradesmen's Association, upon whom is enjoined the performance of so many important and arduous duties toward the community, and who are required to make so many sacrifices of comfort, ease, health and pocket book, for the welfare of those who avail themselves of their services, certainly have a right to expect and require that their customers shall entertain a just sense of the duties which they owe to their grocers, their butchers, their bakers, etc.

"The first duty of a customer, is to select as his grocer, one who belongs to this association. In no trade, or occupation, should mankind rely on the skill of an un-taught tradesman; and in groceries, confessedly the most difficult and intricate of trades, the world ought not to suppose that knowledge is intuitive. Customers should prefer a grocer whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his constant attendance upon the wants of the hungry. A customer should also confide the appe-

tites of himself and family, as much as possible to one grocer; for a groceryman who has become acquainted with the peculiarities of taste, appetite and digestion of those whom he attends, is more likely to be successful in catering to them, than one who does not possess that knowledge.

"A customer who has thus selected his grocer, should always apply to him for what may appear to be the most trivial articles, for the most fatal results often supervene as the consequences of the use of bad kerosene, too easily lighted matches, or toothpicks with splinters on them. It is of still more importance, that he should apply to his regular grocer for important articles like butter, eggs or sugar. A customer should never be afraid to make his grocer his friend and adviser; he should always bear in mind that a groceryman is under the strongest obligations of secrecy. Even the female sex should never allow feelings of delicacy to prevent their disclosing the seat, symptoms and causes of their vulgar appetites for food and lots of it. However commendable a modest reserve may be in the common occurrences of life, its strict observance in the matter of groceries is often attended with the most serious consequences, and a customer may sink under a most painful hunger which might have been readily prevented, had timely intimation been given to the grocer.

"A customer should never weary his grocer with a tedious detail of events or matters, not appertaining to his appetite. A customer should always promptly devour all the groceries furnished to him by his grocer. He should never permit his own crude opinion as to the quality of these groceries, to interfere with his consumption of them.

"Customers should never allow themselves to be persuaded to buy or eat any groceries whatever, that may be recommended to them by self-constituted grocers, who do not belong to this association, and who pretend to, and often do, possess better groceries than ours. However tempting some of their groceries may appear to be, they are productive of much financial loss to us, and are in all cases injurious to the regular association grocers.

"A customer should, if possible, avoid even the friendly visit of a grocer, who is not his regular grocer, and a member of this

gang. He should never converse on the subject of his appetite or his food supply with any strange grocer as an observation may be made without any intention of interference, which may destroy the customer's confidence in the groceries of his regular grocer, and lead him in the future to order his groceries from some other grocer, who may not be a member of this gang. A customer should never send for, or order from, another grocer without the express consent of his own regular American Association Grocer.

"It is of great importance, that association grocers should act in concert; for although their modes of sanding sugar may be attended with equal success when employed singly, yet conjointly, they are very likely to be conducive of disastrous exposures.

"When a customer wishes to dismiss his grocer, justice and common courtesy require that he should declare whether sanded sugar, short weights or stuffed bills, are his reasons for so doing. Customers should always, when practicable, send for their grocer in the morning, before his usual hour to deliver groceries; for by being early aware of the orders he has to fill during the day, the grocer is able to proportion his time in such a manner as to prevent an interference of engagements. Customers should also avoid calling on their groceryman after midnight or during meals. Neither should they sit on his doorstep and discuss the bad quality of his eggs.

"A customer should, after his hunger is satisfied, entertain a just and enduring sense of the value of the services granted him by his grocer, for these are of such a character, that no mere pecuniary acknowledgement can repay or cancel them.

At this stage of the proceedings, the Doctor's wife, who had been indignantly protesting at each sentence in the Schemer's code on the grounds of their utter absurdity, went into a violent case of hysterics, and the reading of the balance af the Schemer's document was postponed until the next regular monthly meeting of the Germ Club.

As the club members were dispersing the Cynic entered an emphatic protest against the Schemer's proposed code on the grounds that it was an insult to any honest class of tradesmen to insinuate that it was necessary to bind them by a set of rules in

order to assure the performance of their plain duties or to prevent them from being guilty of some of the disgraceful actions provided against in the code.

"As for the balance or the rules," he concluded, "why don't they join the Knights of Labor and be done with it?"

Comments and Communications.

To the Editor Medical Journal:

Dear Sir: The enclosed advance proof of an Editorial in the *University Medical Magazine* refers to a subject which is exciting considerable interest in the profession to-day. It is sent to you with the compliments of the publishers, who would be glad to have you use it, and would ask you to reciprocate when new questions of importance are to be considered in your Editorial columns. Yours Truly,

UNIVERSITY OF PENNSYLVANIA PRESS,
716 Filbert Street, Phila., Pa., U. S. A.

Hypertrophy of the Prostate Gland.

When Dr. J. William White first suggested to the profession the operation of castration for the relief of hypertrophy of the prostate gland (Address at the Annual Meeting of the American Surgical Association, June 1st, 1893, *Annals of Surgery*, August, 1893) on theoretical grounds, although strongly supported by experimental evidence, it is doubtful whether any one appreciated the value of the recommendation. Cases of prostatic hypertrophy are of extreme frequency. Sir Henry Thompson found that one man of every three over 55 years of age examined after death showed some enlargement of the prostate; one in every seven had some degree of obstruction present; while one in fifteen had sufficient enlargement to demand some form of treatment. In this country to-day, as shown by the last census, there are more than three millions of men over fifty-four; of these, according to Thompson's estimate, which genito-urinary specialists consider a conservative one, about two hundred thousand are sufferers from hypertrophy of this gland. The number seems very large, but the assertions of Thompson unquestionably express a general rule, and in fact every surgeon must have seen men in whom some prostatic overgrowth existed *before* the fifty-fourth year. The lives of such patients are threatened because, if the obstruction is not removed, the health is rapidly undermined by

the retention of urine and the consequent fermentative changes, the deleterious influence of backward pressure on the kidneys, the frequent use of the catheter, and the loss of sleep incident to the incessant demands to void urine. Heretofore the surgeon has been unable to afford distinct relief from the distressing symptoms of an advanced case of this affection. If the patient's general condition would warrant the very considerable risk, some form of prostatectomy was performed. The suprapubic method was recommended for a time, but the difficulties encountered in its performance, the frequency of suprapubic fistula as a sequel, and the high mortality following the operation have led to its almost total abandonment. Perineal prostatectomy is also attended with considerable risk, on account of the free hemorrhage, which cannot be controlled during the operation, and the prolonged anesthesia which is necessary. In addition to this, the operation is a bungling one. in which the enlarged gland is removed by cutting, scraping or gouging, while the instrument is out of sight, and much of the time it cannot be guided even by the finger. Combined suprapubic and perineal prostatectomy enables the operator to reach and enucleate the gland with greater freedom, but it is an operation of such gravity that it would be contraindicated in the very case in which the demand for relief was most urgent.

Perineal prostatectomy is little more than a palliative measure, which does some good, temporarily, by draining the bladder and inducing slight contraction of the middle lobe of the prostate in the healing process. All of these operations confine the patient to bed for several weeks, which is, in itself, objectionable, and in addition require the use of the bougie for a long time afterwards.

In view of these facts it is not strange that surgeons should have presented Dr. White's suggestion to patients suffering from the consequences of prostate hypertrophy, nor is it unnatural that such patients accepted this chance for relief from a condition that in many cases was rapidly and surely impairing the health of a person otherwise vigorous and, apparently, without this trouble destined to enjoy many additional years of life.

With the testes already or soon to become functionless, and with the contemplation of a long period of intense suffering which will be relieved only by death, sentimental objections pale into insignificance, and the problem of securing relief without placing the life in danger is the only one entitled to consideration.

Cases of castration based upon Professor White's deductions soon began to be reported. Ramm, of Christiana, Norway, recorded two in September, 1893; Haynes, Los Angeles, Cal., and

White, Philadelphia, each report three cases; Smith, St. Augustine, Fla., Powell, London, Mayer and Haenel, Dresden, Moullin, London, Thomas, Pittsburg, Ricketts, Cincinnati, Swain, Bristol, England and Bereskin, Moscow, each record one case. Thus far eighteen operations have been published. All have been more or less successful, and usually the relief from the distressing symptoms and the shrinking of the prostate have been marvellous. The least favorable cases have experienced infinitely greater relief than has been obtained by any method heretofore employed. At least as many unpublished cases have been operated upon with equally favorable results. there have been no deaths from the operation; of course, few would be expected in the hands of competent surgeons.

To those familiar with these cases, the rapid shrinking of the prostate and the simultaneous relief afforded the patient have been truly wonderful. The operation has therefore passed the experimental stage, and has legitimately established for itself a position among the most successful of operative procedures. Indeed, the results have been so uniformly favorable that castration may now be considered a specific for hypertrophy of the prostate.

It is necessary, however, to utter a word of caution here. Castration is not indicated in every case of prostatic enlargment or urinary obstruction. To secure uniformly successful results one must be certain that the condition from which the patient is suffering is appropriate for the operation. Cases of prostatic abscess, prostatis, tumors of the prostate and of the region of the neck of the bladder, and other forms of obstruction in the neighborhood of the prostate must be distinguished from true prostatic hypertrophy. Without careful discrimination, both the surgeon and the patient will be disappointed, and the operation will unnecessarily be brought into discredit.

As it stands to-day, however, in appropriate cases, it appears to mark an advance in the surgery of the prostate, which, when the gravity and the frequency of the condition of hypertrophy are recalled, together with the more or less ineffectual and always dangerous methods of treatment which have prevailed, must be a source of congratulation not only to Professor White but to the profession at large, and to thousands of patients who, having outlived their sexual lives and earned an old age of mental and physical repose and intellectual enjoyment, have had only a few short years of torment and misery to look forward to on account of this hitherto intractable disease.

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Clinical Reports.

INTRALIGAMENTOUS CYSTOMA—HYSTERECTOMY FOR MULTIPLE MYOMATA.

By William H. Wathen, A. M., M. D.

Professor of Abdominal Surgery and Gynecology in the Kentucky School of Medicine; Fellow of the American Gynecological Society and of the Southern Surgical and Gynecological Society; Gynecologist to the Kentucky School of Medicine Hospital and the Louisville City Hospital, etc., Louisville, Ky.

[The Louisville Clinical Society. Stenographically reported by C. C. Mapes.]

This specimen is an intraligamentous cyst that held about two quarts of liquid, removed one week ago from a woman forty years of age, otherwise in comparatively good health. It was impossible to make a diagnosis as to the character of the tumor until after the abdomen was opened, and not then until extensive adhesions of the omentum that extended down to the pubes, had been separated. The wall of the cyst was as dark as venous blood, indicating from this appearance, and from the fact that it had no pedicle, an intraligamentous cyst. The sac was divided, and the cyst, after carefully dissecting down to its base, was entirely removed. You will see that were it inflated, it would be like a ball, having no pedicle.

There was nothing unusual in the operation, and when the cyst was removed I was able to pull up the investing capsule and ligate it at its base, leaving a pedicle about the size of the pedicle in an ordinary ovariotomy. Here is a part of the capsule wall which contains the fallopian tube, with the distal extremity entirely obstructed. There was no shock from the operation; the patient has had no untoward symptom, and is now beyond danger. She has not had a pulse over 80, generally about 70 to 75, with no distension of the abdomen; passed gas within thirty-six hours; bowels moved within forty-eight hours without enema and without the use of a purgative. The ovary could not be found; it may be in the tissue of the capsule, but nothing can be recognized as ovarian tissue.

The specimen looks insignificant, there was little difficulty in its removal, and there should be but little in the practice of any-one who is familiar with the pathology of these tumors; but it is

interesting because of the fact that twenty years ago we did not know how to remove these tumors as they had no pedicle, and we did not know how to enucleate the cyst from the capsule. We finally learned that they could be removed by separation of the cyst from the outer membrane composed of the peritoneal layer with some muscular fibres which usually have become very much thickened; by no other means can they be removed. A peculiarity of these tumors is that they not only unfold the broad ligaments, but when they become large they seem to become almost a part of the tissues surrounding the cyst wall, and the organs with which the cyst wall comes in contact. It is occasionly not a contiquity of tissue, but a continuity of structure; there are instances where it is impossible to separate the tumor from the bladder without tearing into this organ, where the cyst wall and the bladder seem to have become one structure. After unfolding the broad ligament they may separate the peritoneum posteriorly or anteriorly; they may separate the peritoneum from the anterior abdominal wall, and lie in contact with the muscles and fascia in front and with the peritoneum behind; they may extend posteriorly, separating the peritoneum in Douglas' pouch, and then extend up in the left side under the rectum, opening the mesorectum and the mesocolon, so that the bowel between the peritoneal layers will come immediately in contact with the cyst wall. I have seen two or three cases of this kind. They may separate the peritoneum posteriorly on the right side, extending under the cæcum and ascending colon. I have seen one case where the tumor extended under the descending colon up to the kidney. Of course when these conditions are met with, the case is very unfavorable, but even these tumors, by a careful dissection, may be enucleated without injury to the bowel, and the patients recover. Sometimes the ureter lies in front of the tumor and it has been cut in incising the capsule. For that reason, while it is not suggested in text books, I think it is always wise to make an incision through the capsule in a vertical direction so as to miss the ureter if perchance it lies in front and cannot be seen.

Most of these tumors arise in the paroöphoron from remnants of the Wolffian body. It is possible, however, that we may have

intra-ligamentous cysts arising in the parovarium from the vertical tubules of the Wolffian duct, and it is not always possible to say whether they arise in the parovarium or in the paroöphoron. Those arising in the parovarium as they grow larger generally become pedunculated; those arising in the paroöphoron never become pedunculated. Cysts arising in the paroöphoron or in the parovarium may have papillomatous ingrowths, though every tumor growing from these structures will not have papillomatous ingrowths. The papillomatous ingrowths are supposed to be more frequent in cysts arising in the paroöphoron. In the tumor which I present to-night there are no well developed papillomata, but you will observe at one point they are apparently beginning to develop. We seldom see papillomata in tumors arising in the ovary proper, though it is possible to have these ingrowths in ordinary ovarian cystomata, because there may be vestiges of the mesonephros in the ovary.

No. 2.—The second specimen is a uterus with myomatous tumors, removed this afternoon from a maiden lady, aet. about forty years. It had been noticed for about one year, and had recently been growing with great rapidity, causing her serious trouble. There is one large tumor, composed of many tumors, and the uterus is filled with smaller tumors. If dissections were made, I think we would find not less than twenty or thirty myomatous tumors. There was a small cyst in each ovary; one of them ruptured in removal. The ovaries were first removed, because it is impossible to determine the nature of the contents of these cysts—some cases being septic, others probably aseptic—so it is better to remove them before proceeding to remove a myoma, otherwise the cysts might rupture, and, if septic, infect the peritoneum. The broad ligaments were ligated down nearly to the vagina, a neude applied, and the pedicle treated extraperitoneally. When the neude was tightened, all the ligatures were cut away except one on each side. The patient lost not exceeding two ounces of blood, was taken off the table with a pulse of 70, and I left her to-night with a pulse of 60. She ought to make a good recovery.

DISCUSSION.

Dr. W. L. Rodman:—I was fortunate enough to happen in at the conclusion of Dr. Wathen's operation this afternoon, and was pleased to note the way in which it was concluded; the careful manner in which the stump was brought up, the peritoneum carefully sewn up and stitched around the pedicle so as to make it impossible for any extraneous matter to fall back into the peritoneal cavity. I was also pleased to see that the woman was taken off the table after such an extensive operation with a pulse of 70, and practically no shock at all.

Dr. W. O. Roberts:—As I understand in this case, the peritoneum was stitched to the stump; I think this is decidedly the best method of treating the pedicle in such cases—as Dr. Rodman has said it protects the peritoneal cavity perfectly. Where tumors are not too large, it is a good plan to stitch the peritoneum before the tumor is removed; in this way the peritoneal cavity is protected from the escape of blood or fluid from the tumor itself.

Dr. W. H. Wathen:—Very little blood was lost in this operation, and none escaped into the peritoneal cavity. The cavity was protected by means of gauze sponges.

Dr. J. M. Matthews:—What length of time was consumed in the operation?

Dr. W. H. Wathen:—About one hour.

Dr. J. W. Irwin:—The specimens Dr. Wathen has exhibited are exceedingly interesting, and especially his report of the operative procedures. But to those of us who are not specialists in this line, the doctor has omitted a few valuable points. He has failed to mention the causation of these tumors; he has also failed to give us the full history, the objective and subjective symptoms which led him to believe that these tumors were present. However, there are so many conditions which occur within the abdominal and pelvic cavities that very often we have to wait for an exploratory incision, or hesitate very much about coming to a conclusion as to the diagnostic points in a given case. I would be obliged to the doctor if he would enlighten us in regard to these points. The second tumor he says was a myoma of the uterus, but he failed to state what were the

characteristic symptoms. He says the presence of this tumor caused decided disturbance, but does not tell us whether there was hemorrhage, pain, or just what was the discomfort, and what led him to believe operation was imperatively demanded in this case. We know many patients having such tumors go about for years without any serious discomfort from their presence. Therefore the history of the case is incomplete.

The operative procedures adopted by Dr. Wathen seem to have been perfect, but, as I have indicated, his report of each case would have been more interesting and valuable had he given us the subjective and objective symptoms, and the causes which led him to believe that the operations were demanded.

Dr. W. H. Wathen:—We are unable to explain exactly how cysts arising in the parovarium or paroöphoron begin to develop. We are just as unable to explain this as we are to explain why a tumor arises in the retrograde processes of development in the Graffian follicle in one case and does not develop in another. We only know from thorough examinations by leading pathologists and by a careful study of the embryology of structures that compose the paroöphoron and the parovarium, that these tumors do arise in these structures.

The symptoms in the first case were so plainly those indicating a uterine myoma, that the physician who recommended the woman to me had diagnosticated a myomatous tumor. She had pelvic pressure, and severe neuralgic pains resulting from this pressure; she had great disturbance of the functions of the bladder, and pain because of such disturbance; and excessive menstruation, increasing during the last year.

The second case suffered with excessive menstruation, neuralgic pains in the pelvis from pressure, and very great disturbance of the bladder, which demanded relief. These conditions had existed since the tumor was observed a year ago and had recently increased in severity, and the tumor had been growing rapidly. This uterus contains both sub-peritoneal and interstitial myomata. The large tumor is purely a sub-peritoneal myoma; here you will observe another which is also sub-peritoneal; others you will see interstitial. I find at one point a small sub-mucous fibroid. It is hard to classify these cases as to whether they are

myomatous or fibromatous. The leading pathologists speak of them as myomata, yet the most of them contain a certain amount of fibrous or connective tissue. Sometimes the myomatous tissue is in excess; again fibrous or connective tissue may be in excess.

Dr, J. W. Irwin:—How often were these patients troubled with hemorrhage?

Dr. W. H. Wathen:—In each case there was severe menorrhagia, but no metorrhagia.

Dr. J. W. Irwin:—How long would the hemorrhage usually last?

Dr. W. H. Wathen:—About ten days.

Dr. W. L. Rodman:—In the case of intraligamentous cyst, were there any indications or symptoms of extra-uterine pregnancy?

Dr. W. H. Wathen:—An intra-ligamentous cyst would not likely cause symptoms of extra-uterine pregnancy. In the development of these tumors the symptoms are so gradual and the condition when the tumor is exposed, so characteristic, that I do not think an experienced observer would ever make the mistake.

Dr. W. L. Rodman:—Is it not a fact that according to the old teaching myomata were thought to be more infrequent in old maids than in married women? Sutton clearly shows this to be a mistake. I believe they are just as common in old maids as in married women.

Dr. W. H. Wathen:—This may have been the old teaching, but at the present time I believe the general opinion is that uterine myomata are about as frequent in single as in married women.

Dr. J. W. Irwin:—How do you differentiate between extra-uterine pregnancy and intra-ligamentous cyst?

Dr. W. H. Wathen:—In the former we look for the subjective symptoms that characterize extra-uterine foetation, and which are not common in intra-ligamentous cysts. The woman would have a cessation of menstruation, and there would be no flow for six weeks to two months; then she would have pains and hemorrhage and often expel decidual shreads; the pain would be usually severe and paroxysmal. At the time the woman had

pain, she would frequently experience shock, and if rupture occurred even into the folds of the broad ligament, she might lose so much blood that the radial pulse could not be felt. If rupture occurred into the peritoneal cavity, the shock would be generally so great from loss of blood that unless operation were performed very soon, the patient would die. In extra-uterine pregnancy the symptoms are usually manifested very soon after the woman has been apparently in good health, and develop rapidly.

In intra-ligamentous cysts the symptoms generally develop gradually. Sometimes for years the patient suffers severe trouble, gradually increasing, which is not true in extra-uterine pregnancy.

CHOLECYSTOTOMY.

By W. O. Roberts, M. D.,

Professor of Surgery in the University of Louisville, etc.

I have here a collection of gall-stones which were removed six weeks ago. There are twenty of them, varying in size from that of a beechnut to that of a small hazelnut. The patient was a woman, *aet.* sixty-seven years. She had had for a number of years occasional attacks of colic. She was an asthmatic subject and had been so for quite a long time. In September last she was taken with a violent pain in the region of the liver, and since then up to the time I saw her she had not been out of bed. She had never been markedly jaundiced, although there had been at one time some little icterus. I saw her for the first time about a week prior to the operation, and she then had a temperature of 100° F. and a pulse of 90°, with considerable tenderness over the right side, especially just below the liver on a line corresponding with the ninth rib. In this region there could be made out a tumor which seemed to be about the size of a goose egg. There was considerable tympanites, and the tenderness over the region of this tumor was very marked. The case had been diagnosticated by the attending physician, Dr. Turner Anderson, as one of gall-stones with inflammation of the gall bladder. An operation was suggested, but declined. The woman had to have morphia

from once to twice per day for the relief of pain. Finally, the temperature continuing a little above normal, pain increasing, the general symptoms becoming more marked, an operation was consented to, and assisted by Drs. Anderson, Pearce, and several other medical gentlemen, I operated at the patient's house. The incision was vertical directly over the most prominent part of the tumor. Upon cutting through the abdominal wall I found the tumor covered by omentum which was closely adherent to it. This was carefully detached, and I came down upon the gall bladder which was very much enlarged. The region around the tumor was packed with iodoform gauze, an aspirating needle was introduced into the gall bladder and fully three ounces of thick pus was drawn off. This enabled me to lift the gall bladder up into the abdominal wound and it was then incised. Introducing my finger into the gall bladder I could feel these stones which were perfectly loose, with the exception of one—the largest one of the collection. After removing the stones which were loose in the gall bladder and searching for others, this large one was found down in the cystic duct and very closely adherent. I made several efforts before finally detaching it; in these efforts at removal, the stone chipped off as you will see. It was the third day after the removal of these stones before bile passed out through the fistulous opening. Of course, the opening in the gall bladder was stitched to the abdominal wall, and on the third day there was considerable flow of bile through the opening which continued until the opening gradually closed.

It is the prettiest collection of gall-stones that I have ever seen. When removed they were perfectly black and glossy. The patient has gone on to recovery without an untoward symptom.

DISCUSSION.

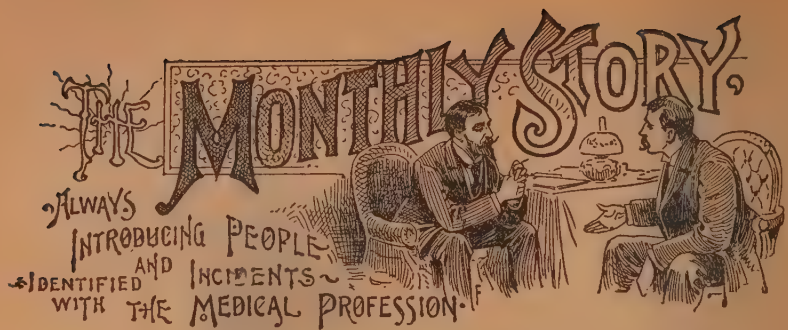
Dr. J. W. Irwin:—The case reported by Dr. Roberts is interesting, and I am very much inclined to the opinion that there are many cases of this kind demanding operation, that have never been diagnosticated. I am very glad to see such a carefully reported case, but there is one thing lacking in the report and that is the mortality after such operations. If the doctor, in closing the discussion, will tell us what the mortality is after such operations, it will enable us to present to our patients the possibilities of recovery from a disease that can not be removed by any other means. This is about the first question that will naturally be

asked of us. We find in young ladies who are in the habit of wearing tight corsets a great many pains such as Dr. Roberts has described, and whether gall-stones are present or not, recurring attacks of jaundice in many of these cases we find to be quite common. In many of them we find an enlargement of the gall bladder without nodulation or other evidence than simply an enlargement of that cyst. No doubt many of the enlargements are due to the presence of gall-stones causing obstruction to the normal secretions.

Dr. W. H. Wathen:—I can add nothing to what has been said by Dr. Roberts in his report. The case is very interesting, and the specimens are the prettiest that I have ever seen. This is a case where the results of the operation, if the patient recovers, as they all generally do if operated upon by such an experienced and careful operator as Dr. Roberts, are encouraging. There seems to be no disease except in the gall bladder and the gall duct, so the condition is now practically normal and this woman may remain perfectly well. In some of these cases, after removing gall-stones and pus from the gall bladder or from the cystic duct, the patient will not be relieved, because there is obstruction by gall-stones in the hepatic or common duct; or there may be an impacted pancreatic concretion in the diverticulum of Vater where the pancreatic duct enters the common duct or it penetrates the wall of the duodenum.

Dr. Louis Frank:—There is one peculiarity about the specimens which may not have been observed. Nearly every one of them has only four facets; one or two of them has as many as five, which shows that these stones have been in the gall bladder quite a long time, as does also their dark color. Most of the gall-stones that I have seen (some thirty or forty in all) have been lighter in color more like limestone. The larger stone in this collection, by the absence of facets, shows that it had been impacted for a great length of time.

Dr. W. O. Roberts:—In reply to Dr. Irwin's question as to the mortality following cholecystotomy: It varies of course with the condition of the gall bladder—as to whether or not inflammatory trouble has taken place. The escape of bile alone into the peritoneal cavity bas been proven to be not a dangerous thing, but when inflammatory products from the gall bladder escape into the abdominal cavity, the results may be entirely different. It depends also upon the amount of distension, ease with which the gall bladder is reached, also upon the skill of the operator. In the average run of cases the mortality should not be greater than in abdominal work for other troubles.



[A Story from the Diary of an English Doctor.]

AN OAK COFFIN.

By the Authors of "The Medicine Lady."

ON a certain cold morning in early spring, I was visited by two ladies, mother and daughter. The mother was dressed as a widow. She was a tall, striking-looking women, with full, wide-open dark eyes, and a mass of rich hair turned back from a white and noble brow. Her lips were firm, her features well formed. She seemed to have plenty of character, but the deep lines of sadness under her eyes and round her lips were very remarkable. The daughter was a girl of fourteen, slim to weediness. Her eyes were dark, like her mother's, and she had an abundance of tawny brown and very handsome hair. It hung down her back below her waist, and floated over her shoulders. She was dressed, like her mother, in heavy mourning, and round her young mouth and dark, deep eyes there lingered the same inexpressible sadness.

I motioned my visitors to chairs, and waited as usual to learn the reason of their favouring me with a call.

"My name is Heathcote," said the elder lady. "I have lately lost my husband. I have come to you on account of my daughter—she is not well."

I glanced again more attentively at the young girl. I saw that she looked overstrained and nervous.

Her restlessness, too was so apparent that she could scarcely sit still, and catching up a paper-knife which stood on the table near, she began twirling it rapidly between her finger and thumb.

"It does me good to fidget with something," she said, glancing apologetically at her mother.

"What are your daughter's symptoms?" I asked.

Mrs. Heathcote began to describe them in the vague way which characterizes a certain class of patient. I gathered at last from her words that Gabrielle would not eat—she slept badly—she was weak and depressed—she took no interest in anything.

"How old is Miss Gabrielle?" I asked.

"She will be fifteen her next birthday," replied her mother.

All the while Mrs. Heathcote was speaking, the young daughter kept her eyes fixed on the carpet—she still twirled the paper-knife, and once or twice she yawned profoundly.

I asked her to prepare for the usual

medical examination. She complied without any alacrity, and with a look on her face which said plainly,

"Young as I am, I know how useless all this fuss is—I only submit because I must."

I felt her pulse and sounded her heart and lungs. The action of the heart was a little weak, but the lungs were perfectly healthy. In short, beyond a general physical and mental debility, I could find nothing whatever the matter with the girl.

After a time, I rang the bell to desire my servant to take Miss Heathcote into another room, in order that I might speak to her mother alone.

The young lady went away very unwillingly. The skeptical expression on her face was more apparent than ever.

"You will be sure to tell me the exact truth?" said Mrs. Heathcote, as soon as we were alone.

"I have very little to tell," I replied. "I have examined your daughter carefully. She is suffering from no disease to which a name can be attached. She is below par, certainly; there is weakness and general depression, but a tonic ought to set all these matters right."

"I have tried tonics without avail," said Mrs. Heathcote.

"Has not your family physician seen Miss Heathcote?"

"Not lately." The widow's manner became decidedly hesitating.

"The fact is, we have not consulted him since—since Mr. Heathcote's death," she said.

"When did that take place?"

"Six months ago."

Here she spoke with infinite sadness, and her face, already very pale, turned perceptibly paler.

"Is there nothing you can tell me to give me a clue to your daughter's condition? Is there anything, for instance, preying on her mind?"

"Nothing whatever."

"The expression of her face is very sad for so young a girl."

"You must remember," said Mrs. Heathcote, "that she has lately lost her father."

"Even so," I replied; "that would scarcely account for her nervous condition. A healthy-minded child will not be overcome with grief to the serious detriment of health after an interval of six months. At least," I added, "that is my experience in ordinary cases."

"I am grieved to hear it," said Mrs. Heathcote.

She looked very much troubled. Her agitation was apparent in her trembling hands and quivering lips.

"Your daughter is in a nervous condition," I said, rising. "She has no disease at present, but a little extra strain might develop real disease, or might affect her nerves, already overstrung, to a dangerous degree. I should recommend complete change of air and scene immediately."

Mrs. Heathcote sighed heavily.

"You don't look very well yourself," I said, giving her a keen glance.

She flushed crimson.

"I have felt my sorrow acutely," she replied.

I made a few more general remarks, wrote a prescription for the daughter, and bade Mrs. Heathcote goodbye. About the same hour on the following morning I was astonished when my servant brought me a card on which was scribbled in pencil the name Gabrielle Heathcote, and underneath, in the same upright, but unformed hand, the words, "I want to see you most urgently."

A few moments later, Miss Gabrielle was standing in my consulting-room. Her appearance was much the same as yesterday, except that now her face was eager, watchful, and all awake.

"How do you do?" she said, holding out her hand, and blushing. "I have ventured to come alone, and I

haven't brought a fee. Does that matter?"

"Not in the least," I replied.

"Pray sit down and tell me what you want."

"I would rather stand," she answered; "I feel too restless and excited to sit still. I stole away from home without letting mother know. I liked your look yesterday and determined to see you again. Now, may I confide in you?"

"You certainly may," I replied.

My interest in this queer child was a good deal aroused. I felt certain that I was right in my conjectures of yesterday, and that this young creature was really burdened with some secret which was gravely undermining her health.

"I am willing to listen to you," I continued. "You must be brief, of course, for I am a very busy man, but anything you can say which will throw light on your own condition, and so help me to cure you, will, of course, be welcome."

"You think me very nervous?" said Miss Gabrielle.

"Your nerves are out of order," I replied.

"You know that I don't sleep at night?"

"Yes."

Miss Gabrielle looked towards the door.

"Is it shut?" she asked excitedly.

"Of course it is."

She came close to me, her voice dropped to a hoarse whisper, her face turned not only white, but grey.

"I can stand it no longer," she said. "I'll tell you the truth. You wouldn't sleep either if you were me. *My father isn't dead!*"

"Nonsense," I replied. "You must control such imaginings, Miss Gabrielle, or you will really get into a very unhealthy condition of mind."

"That's what mother says when I speak to her," replied the child. "But I tell you, this thing is true. My father is not dead. I know it."

"How can you possibly know it?" I asked.

"I have seen him—there!"

"You have seen your father!—but he died six months ago?"

"Yes. He died—and was buried, and I went to his funeral. But all the same he is not dead now."

"My dear young lady," I said, in as soothing a tone as I could assume, "you are the victim of what is called a hallucination. You have felt your father's death very acutely."

"I have. I loved him beyond words. He was so kind, so affectionate, so good to me. It almost broke my heart when he died. I thought I could never be happy again. Mother was as wretched as myself. There weren't two more miserable people in the wide world. It seemed impossible to either of us to smile or be cheerful again. I began to sleep badly, for I cried so much, and my eyes ached, and I did not care for lessons any more."

"All these feelings will pass," I replied; "they are natural, but time will abate their violence."

"You think so?" said the girl, with a strange smile. "Now let me go on with my story: It was at Christmas time I first saw my father. We live in an old house at Brixton. It has a walled-in garden. I was standing by my window about midnight. I had been in bed for an hour or more, but I could not sleep. The house was perfectly quiet. I got out of bed and went to the window and drew up the blind. I stood by the window and looked out into the garden, which was covered with snow. There, standing under the window, with his arms folded, was father. He stood perfectly still, and turned his head slowly, first in the direction of my room and then in that of mother's. He stood there for quite five minutes, and then walked across the grass into the

shelter of the shrubbery. I put a cloak on and rushed downstairs. I unbolted the front door and went into the garden. I shouted my father's name and ran into the shrubbery to look for him, but he wasn't there and I—I think I fainted. When I came to myself I was in bed and mother was bending over me. Her face was all blistered as if she had been crying terribly. I told her that I had just seen father, and she said it was a dream."

"So it was," I replied.

Miss Gabrielle's dark brows were knit in some pain.

"I did not think you would take that commonplace view," she responded.

"I am sorry I have offended you," I answered. "Girls like you do have bad dreams when they are in trouble, and those dreams are often so vivid, that they mistake them for realities."

"Very well, then, I have had more of those vivid dreams. I have seen my father again. The last time I saw him he was in the house. It was about a month ago. As usual, I could not sleep, and I went downstairs quite late to get the second volume of a novel which interested me. There was father walking across the passage. His back was to me. He opened the study door and went in. He shut it behind him. I rushed to it in order to open it and follow him. It was locked, and though I screamed through the keyhole, no one replied to me. Mother found me kneeling by the study door and shouting through the keyhole to father. She was up and dressed, which seemed strange at so late an hour. She took me up-stairs, and put me to bed, and pretended to be angry with me, but when I told her that I had seen father, she burst into the most awful bitter tears and said:—

"'Oh, Gabrielle, he is dead—dead—quite dead!'

"'Then he comes here from the dead,' I said. 'No, he is not dead. I have just seen him.'

"'My poor child,' said mother, 'I must take you to a good doctor without delay. You must not get this thing on your brain.'

"'Very well,' I replied; 'I am quite willing to see Dr. Mackenzie.'"

I interrupted the narrative to inquire who Dr. Mackenzie was.

"He is our family physician," replied the young lady. "He has attended us for years."

"And what did your mother say when you proposed to see him?"

"She shivered violently, and said: 'No, I won't have him in the house.' After a time she decided to bring me to you."

"And have you had that hallucination again?" I inquired.

"It was not a hallucination," she answered, pouting her lips.

"I will humor you," I answered, "Have you seen your father again?"

"No, and I am not likely to."

"Why do you think that?"

"I cannot quite tell you—I think mother is in it. Mother is very unhappy about something, and she looks at me at times as if she were afraid of me." Here Miss Heathcote rose. "You said I was not to stay long," she remarked. "Now I have told you everything. You see that is absolutely impossible for ordinary medicines to cure me, any more than ordinary medicines can cure mother of her awful dreams."

"I did not know that your mother dreamt badly," I said.

"She does—but she doesn't wish it spoken of. She dreams so badly, she cries out so terribly in her sleep, that she has moved from her old bed-room next to mine, to one in a distant wing of the house. Poor mother, I am sorry for her, but I am glad at least that I have had courage to tell you what I have seen. You will make it your business to

find out the truth now, wont you?"

"What do you mean?" I asked.

"Why, of course, my father is alive," she retorted. "You have got to prove that he is, and to give him back to me again. I leave the matter in your hands. I know you are wise and very clever. Good-bye, good-bye!"

The queer girl left me, tears rolling down her cheeks. I was obliged to attend to other patients, but it was impossible for me to get Miss Heathcote's story out of my head. There was no doubt whatever that she was telling me what she firmly believed to be the truth. She had either seen her father once more in the flesh, or she was the victim of a strong hallucination. In all probability the latter supposition was the correct one. A man could not die and have a funeral and yet still be alive; but, then, on the other hand, when Mrs. Heathcote brought Gabrielle to see me yesterday, why had she not mentioned this central and principal feature of her malady? Mrs. Heathcote had said nothing whatever with regard to Gabrielle's delusions. Then why was the mother so nervous? Why did she say nothing about her own bad dreams, dreams so disturbing, that she was obliged to change her bed-room in order that her daughter should not hear her scream?

"I leave the matter in your hands!" Miss Heathcote had said. Poor child, she had done so with a vengeance. I could not get the story out of my thoughts, and so uncomfortable did the whole thing make me that I determined to pay Dr. Mackenzie a visit.

Mackenzie was a physician in very large practice at Brixton. His name was already familiar to me—on one or two occasions I had met him in consultation. I looked up his address in the Medical Directory, and that very evening took a hansom to his house. He happened to be at home. I sent in my card and was admitted at once.

Mackenzie received me in his consulting room, and I was not long in explaining the motive of my visit. After a few preliminary remarks, I said that I would be glad if he would favor me with full particulars in regard to Heathcote's death.

"I can easily do so," said Mackenzie. "The case was a perfectly straightforward one—my patient was consumptive, had been so for years, and died at last of hemoptysis."

"What aged man was he?" I asked.

"Not old—a little past forty—a tall, slight, good-looking man, with a somewhat emaciated face. In short, his was an ordinary case of consumption."

I told Mackenzie all about the visit which I had received from Mrs. Heathcote, and gave him a faithful version of the strange story which Miss Gabrielle Heathcote had told me that day.

"Miss Gabrielle is an excitable girl," replied the doctor. "I have had a good deal to do with her for many years, and always thought her nerves highly strung. She is evidently the victim of a delusion, caused by the effect of grief on a somewhat delicate organism. She probably inherits her father's disease. Mrs. Heathcote should take her from home immediately."

"Mrs. Heathcote looks as if she needed change almost as badly as her daughter," I answered; "but now you will forgive me if I ask you a few more questions. Will you oblige me by describing Heathcote's death as faithfully as you can?"

"Certainly," replied the physician.

He sank down into a chair at the opposite side of the hearth as he spoke.

"The death, when it came," he continued. "was, I must confess, un-

expected. I had sounded Heathcote's lungs about three months previous to the time of his death seizure. Phthisis was present, but not to an advanced degree. I recommended his wintering abroad. He was a solicitor by profession, and had a good practice. I remember his asking me, with a comical rise of his brows, how he was to carry on his profession so many miles from Chancery Lane. But to come to his death. It took place six months ago, in the beginning of September. It had been a hot season, and I had just returned from my holiday. My portmanteau and Gladstone bag had been placed in the hall, and I was paying the cabman his fare, when a servant from the Heathcotes arrived, and begged of me to go immediately to her master, who was, she said, dying.

"I hurried off to the house without a moment's delay. It is a stone's throw from here. In fact, you can see the walls of the garden from the windows of this room in the daytime. I reached the house. Gabrielle was standing in the hall. I am an old friend of hers. Her face was quite white and had a stunned expression. When she saw me she rushed to me, clasped one of my hands in both of hers, and burst into tears.

"'Go and save him!' she gasped, her voice choking with sobs, which were almost hysterical.

"A lady who happened to be staying in the house came and drew the girl away into one of the sitting-rooms, and I went upstairs. I found Heathcote in his own room. He was lying on the bed—he was a ghastly sight. His face wore the sick hue of death itself; the sheet, his hair, and even his face were all covered with blood. His wife was standing over him, wiping away the blood, which oozed from his lips. I saw, of course, immediately what was the matter. Hemoptysis had set in, and I felt that his hours were numbered.

"'He has broken a blood vessel,' exclaimed Mrs. Heathcote. 'He was standing here, preparing to go down to dinner, when he coughed violently—the blood began to pour from his mouth; I got him on the bed and sent for you. The hemorrhage seems to be a little less violent now.'

"I examined my patient carefully, feeling his pulse, which was very weak and low; I cautioned him not to speak a single word, and asked Mrs. Heathcote to send for some ice immediately. She did so. I packed him in ice and gave him a dose of ergotine. He seemed easier, and I left him, promising to return again in an hour or two. Miss Gabrielle met me in the hall as I went out.

"'Is he any better? Is there any hope at all?' she asked, as I left the house.

"'Your father is easier now,' I replied; 'the hemorrhage has been arrested. I am coming back soon. You must be a good girl and try to comfort your mother in every way in your power.'

"'Then there is no hope?' she answered, looking me full in the face.

"I could not truthfully say that there was. I knew poor Heathcote's days were numbered, although I scarcely thought the end would come so quickly."

"What do you mean?" I inquired.

"Why this," he replied. "Less than an hour after I got home, I received a brief note from Mrs. Heathcote. In it she stated that fresh and very violent hemorrhage had set in almost immediately after I left, and that her husband was dead."

"And ———" I continued.

"Well, that is the story. Poor Heathcote had died of hemoptysis."

"Did you see the body after death?" I inquired, after a pause.

"No—it was absolutely unnecessary—the cause of death was so evident. I attended the funeral, though. Heathcote was buried at Kensal Green.

I made no comment for a moment or two.

"I am sorry you did not see the body after death," I said, after a pause.

My remark seemed to irritate Mackenzie. He looked at me with raised brows.

"Would you have thought it necessary to do so?" he asked. "A man known to be consumptive dies of violent hemorrhage of the lungs. The family are in great trouble—there is much besides to think of. Would you under the circumstances have considered it necessary to refuse to give a certificate without seeing the body?"

I thought for a moment.

"I make a rule of always seeing the body," I replied; "but, of course, you were justified as the law stands. Well, then, there is no doubt Heathcote is really dead?"

"Really dead?" retorted Mackenzie. "Don't you understand that he has been in his grave for six months? —That I practically saw him die?—That I attended his funeral? By what possible chance can the man be alive?

"None," I replied. "He is dead, of course. I am sorry for the poor girl. She ought to leave home immediately."

"Girls of her age often have delusions," said Mackenzie. "I doubt not this will pass in time. I am surprised, however, that the Heathcotes allowed the thing to go on so long. I remember now that I have never been near the house since the funeral. I can not understand their not calling me in."

"That fact puzzles me also," I said. "They came to me, a total stranger, instead of consulting their family physician, and Mrs. Heathcote carefully concealed the most important part of her daughter's malady. It is strange altogether; and, although I can give no explanation whatever, I am convinced there is one if we could only get at it. One more question before I go, Mackenzie. You spoke of Heathcote as a solicitor; has he left his family well off?"

"They are not rich," replied Mackenzie; "but as far as I can tell, they don't seem to want for money. I believe their house, Ivy Hall is its name, belongs to them. They live there very quietly, with a couple of maid-servants. I should say they belonged to the well-to-do middle classes."

"Then money troubles can not explain the mystery?" I replied.

"Believe me, there is no mystery," answered Mackenzie, in an annoyed voice.

I held out my hand to wish him good-bye, when a loud peal at the front door startled us both. If ever there was frantic haste in anything, there was in that ringing peal.

"Someone wants you in a hurry," I said to the doctor.

He was about to reply, when the door of the consulting-room was flung wide open, and Gabrielle Heathcote rushed into the room.

"Mother is very ill," she exclaimed. "I think she is out of her mind. Come to her at once."

She took Mackenzie's hand in hers.

"There isn't a minute to lose," she said, "she may kill herself. She came to me with a carving-knife in her hand; I rushed away at once for you. The two servants are with her now, and they are doing all they can; but, oh! pray, do be quick."

[*To be Continued.*]

HIS PNEUMOGASTRIC NERVE.

Upon an average, twice a week,
When anguish clouds my brow,
My good physician friend I seek
To know "what ails me now."
He taps me on the back and chest,
And scans my tongue for bile,
And lays an ear against my breast
And listens there awhile.
Then he is ready to admit
That all he can observe
Is something wrong inside, to wit:
My pneumogastric nerve.

Now, when these Latin names within
Dyspeptic hulks like mine
Go wrong, a fellow should begin
To draw what's called the line.
It seems, however, that this same
Which in my hulk abounds
Is not, despite its awful name,
So fatal as it sounds;
Yet of all torments known to me,
I'll say without reserve,
There is no torment like to thee,
Thou pneumogastric nerve!

This subtle, envious nerve appears
To be a patient foe—
It waited nearly forty years
Its chance to lay me low;
Then like some withering blast of hell
It struck this guileless bard,
And in that evil hour I fell
Prodigious, far and hard.
Alas! what things I dearly love—
Pies, puddings and preserves—
Are sure to rouse the vengeance of
All pneumogastric nerves!

Oh, that I could remodel man!
I'd end these cruel pains
By hitting on a different plan
From that which now obtains.
The stomach, greatly amplified,
Anon should occupy
The all of that domain inside
Where heart and lungs now lie,
But, first of all, I should depose
That diabolical curve
And author of my thousand woes,
The pneumogastric nerve!

—*Eugene Field.*

BIDDY'S BABY.

WRITTEN FOR THE JOURNAL BY JOHN BELKNAP.

"SURELY, doctor, you do not mean to say in this day of germs, microbes, and bacilli, you still hold to the old fogy idea that heredity counts for anything in either disease, or physical, mental and moral characteristics? Why, my boy, in a wild, western, go-ahead town like Deer Lodge you will never catch on to a practice unless you keep up with, and a little ahead of, the very latest ideas in everything."

Howard Younger, the leading lawyer of Deer Lodge, an energetic, middle-aged man, who in his youth had worked his way through the law school on his earnings as a reporter on a local newspaper, shook his head knowingly.

"That," he continued, "will never do. My boy, take my advice. Take up the latest fad. Catch a stray dog and cage him up in your back yard. Starve him until he looks like a skeleton and howls like a dervish. Let every one know that you have inoculated him with the micro-organism which causes brain fever. Have all the reporters running here to interview you and feel the mongrel's pulse. Then poison him and announce that he died of brain fever, as a result of the inoculation. That's the way, my boy, to succeed."

Walter Broadhead, the doctor's youthful assistant, stared at the lawyer with admiring eyes and nodded his head in energetic approval of the end-of-the-century methods recommended.

John Burnett, M.D., already known to his intimates in the town as Jack, had hung out his shingle in Deer Lodge a month before. He had already won the liking of the majority of the people of the town, but being a very young man, patients came slowly. His friend, Younger, had dropped into his office for a chat and incidentally to give the young doctor a little advice. That personage smiled at the older man's words but shook his head.

"From an immediate and mercenary standpoint," he responded, "your plan is undoubtedly feasible. But, you see I expect to live my life out in this town and I do not care to start out by living a lie. I don't believe in this germ craze. I don't admit that there is an item, mind you, a single item, of truth at the bottom of it as yet. Bacteriology is a suckling science, which up to now has only unearthed a few amusing and curious facts, that illustrated with a magic lantern, would make a very entertaining lecture for school children. Fifty years from now this science will no doubt have established many useful facts that physicians will find valuable. For the present I do not propose to abandon the accumulated medical knowledge of 2000 years and more, to chase off after any strange god. On the other hand heredity is an indisputable fact. Heredity and environment are practically all that there is of mental, moral and physical man, and I incline to the belief that heredity has the strongest pull. The man who denies the influence of heredity in the production of disease, or anything else in living organisms, must have vegetable micro-organims in his head as a substitute for brain cells.

"But to the deuce with the bugs and answer me a question. Who was that magnificent young woman who held everybody's eyes at the Assembly ball Tuesday evening? The Juno-esque beauty with golden hair, genuine at that, blue eyes and black eyebrows? You couldn't see

another woman in the room while she was in evidence."

"Whew! another victim!" ejaculated Younger with a laugh. "You 're too late, my buck. That 's Judge Lamont's wife."

"I know that. But who was she? Where is she from? Surely from the east or south. This rowdy mining camp could never produce that masterpiece."

"Mistaken, my boy! You 're wrong. She 's ———" Younger suddenly stopped short, shot a meaning glance at the doctor, and then past him at his assistant who was listening, open-mouthed.

Without turning in his chair the doctor said:

"Oh! by the way, Broadhead, I had nearly forgotten it. Look on my desk and you will find a package of medicines marked with Judge Lamont's name. Please take them to his home at once."

A minute later when the assistant's footsteps had ceased to resound in the hallway he nodded to his friend and said, "Well?"

"Judge Lamont's wife," responded Younger, "is, or rather was, Biddy's Baby."

"Bid-dy's Ba-by?"

"Yes, Bid-dy's Ba-by! It was this way, Jack. Sixteen years ago I was twenty-four, and police reporter on the Deer Lodge Gazette. About three o'clock one bitter, cold, winter morning, I was at the Central Police Station playing a rubber of Casino with the night-chief before going home. It was snowing and blowing great guns outside. A call for the patrol wagon was turned in from a call-box down in Hell's Half-Acre. When the wagon returned it contained Whiskey Jennie and her little four year old daughter.

"Jennie was beastly drunk and had been rescued by a policeman from a snowdrift where she had fallen. She was half-frozen, and so was the poor child who had stood watch over her wretched mother. Jennie was dragged to a cell and left to sober up. The desk-sergeant fixed up a bunk for the little girl by placing two arm chairs, front to front, before the fire, and piling them full of cast-off coats and overcoats. While he was preparing this makeshift the little girl sat before the fire and shivered. I shall never forget how the poor little thing looked, half-starved and half-clad, and with her red knobby knees and elbows bare to the winter weather, and her rough, pudgy hands nearly raw from exposure. A few minutes after the tired little creature had been put to bed, Biddy dropped in.

"Eh! who was Biddy? Oh, I forgot that you are a newcomer. Biddy was Tom Biddeson, the gambler. None of your modern tin-horn kind, but a genuine gambler of the old-fashioned, Brete Harte type, and a thorough gentleman."

"That," interposed the young doctor, with an air of immovable conviction, "is an impossible combination."

"Oh!" continued Younger with a smile of tolerance, "that is just one of your old-fogy, down-east prejudices. Anyway, Biddy, who was a good fellow with a heart as big as an ox, happened in. In fact, he always dropped in late at night after his gambling house closed, to smoke a cigar and chat with the boys before turning in for the night. Of course, he noticed the little girl and asked about her and heard the story. He didn't have much to say that night, but sat and smoked and stared kind of 'pitying-like' at the wan, peaked face of the sleeping child. When he got up to go he tossed the desk-sergeant a dollar and said, 'Get the kid a good, warm feed in the morning.'

"The next morning Whiskey Jennie was dead. Alcoholism and pneu-

monia combined. There were no hospitals or asylums and mighty few women in these parts in those days, and the police where in a quandary what to do with the child. They were discussing this question when Biddy happened along and heard 'em. He studied a bit and then said:

"'Boys, I'll adopt her.'

"And he did. As soon as she was big enough he sent her East to a swell boarding-school and she was brought up like a princess, never knowing the story of her origin. By the time she had finished her education Biddy was a pretty old man. He bought a little cottage, hired a house-keeper, and made a comfortable home for his adopted daughter. Meanwhile Biddy and old Judge Lamont had always been great chums. You know, in the old days a square gambler in these mining camps ranked along with the members of the learned professions. Well, when Biddy's Baby, as we called her, came home, Judge Lamont got to visiting Biddy's house and fell in love with her. Of course he was too old for her. Then Biddy fell sick and died. Eastern ideas about gambling had come in with tenderfeet like you, and Biddy's gambling house had been closed for several years and he died poor.

"The story goes that on his deathbed, Biddy told the Baby the true story about herself; also that all he had to leave her was the cottage and that Judge Lamont loved her, and advised her to marry him. Anyway she did.

"And now, my boy, what about your inevitable law of heredity in the case of this masterpiece of female beauty as you call her?"

The young doctor sat silent, with a wrinkle on his brow, gazing abstractedly into the fire-place. Then rousing himself he said slowly:

"Younger, do you believe in presentiments? I suppose I am wrong; I suppose I am foolish; but do you know, I feel that some day you will re-tell that story in a court room before a judge, and before a jury; and that the case will be one of ———."

"Murder!"

The office door burst open with a crash. Hatless, breathless, with disheveled hair and bulging eyes the doctor's assistant dashed into the room. While he panted for breath the doctor and lawyer gazed at him in amazement. Finally the doctor motioned to a chair and said:

"Sit down, Broadhead, and cool off. What's up?"

"Went to Judge's," he gasped, "rang door-bell—no answer—went to back door—found Judge lying across kitchen doorstep—*dead*—"

"What!" his two listeners sprang to their feet with horrified countenances.

"Bullet in head," panted the assistant, "revolver on floor—went t' p'lice station—told 'em—police went t' Judge's house—robbed—safe open—money gone—jewelry gone—"

"And Mrs. Lamont?" exclaimed the lawyer anxiously, "Is she harmed?"

"Gone—" panted the assistant, "gone—an' th' 'tectives—say that Handsome Harry—th' barkeep', y' know—at White Elephant saloon—*Gone too*—but his revolver *isn't*."

The eyes of the lawyer and doctor met.

"Younger," said the young doctor very gravely, placing his hand on the lawyer's shoulder, "the sins of the parents are visited on the children even to the third and fourth generation. Heredity is Omnipotent."

ABSOLUTELY DEFENSELESS.

"You have a bad cold," he said.

"I have," she replied huskily. "I am so hoarse that if you attempted to kiss me I couldn't even scream."

Microbes in the kiss, you say?
Right you are, my boy.
Little germs of purest bliss,
Bacilli of joy!

TRYING TIMES.

Mrs. Gladsby: "So glad to be able to congratulate you on your recovery. And you have been twelve months sick? How very trying!"

Mrs. Chatterly: "Yes; and at least eleven months of that time spent with a thermometer under my tongue, unable to speak a word."

SOME advertisements are models of pure English, as for instance, one concerning a nursing bottle, which concludes with: "When the baby is done drinking, it must be unscrewed and laid in a cool place under a tray. If the baby does not thrive on fresh milk, it should be boiled."—*Med. Times.*

AS TITLES GO.

Hobs: "Who is the man you alluded to as 'Old Teddy?'"

Nobs: "Oh, he's Professor Teddy, who teaches biology and ethnology in a big university."

Hobs: "And who is Professor Rotters you just spoke of?"

Nobs: "He's the professional strong man and prize-ring trainer."

ALREADY SETTLED.

Pastor: "What are they going to name your new twin brothers, Willy?"

Willy: "Thunder and Lightning."

Pastor: "Why, Willy, you must be mistaken!"

Willy: "Well, anyhow, that's what Pop called 'em when the nurse brought 'em in!"

What's in a name? Even well water makes people sick.

Miss Green: "Where did you graduate from Mr. Pill?"

Mr. Pill: "From the School of Pharmacy."

Miss Green (with surprise): "Is it possible! What a strange choice for a young man brought up in the city! But, if I remember rightly, your grandfather was a farmer too."

HAD HER THERE.

"Ha," she hissed, or gasped, to be more circumstantial.

She held in her hand a long black hair.

"Whose is it?" she demanded to know. "I found it on your coat sleeve."

"It is yours, my dear," said the man, conscious in his own rectitude.

"But it is black, and mine is blond."

"Of course, but this one got on my coat last week."

Baffled, yet unconvinced, she strode from the room.

UNFORTUNATELY PUT.

"Uncle," said the impecunious nephew, "you ought to go and see the new play. You would just die laughing."

The old man merely glared. In a few moments later there could be heard the sound of a scratching pen as he altered his will for the forty-fourth time.

Mrs. Briggson: "Harold, mother called in at your office yesterday, and seeing some bronchial troches on your desk, took several. To-day she is suffering dreadfully, and thinks you meant to poison her."

Mr. Briggs (the architect): "Bronchial troches! Great Scott! That was a box of samples of our little mosaic tilings for hotel and office corridors."—*Pac. D. and P.*

THE NEWEST.

Lady of the House (to tramp): "Oh, I know your story. You lost that ear and your arm, and have to go on crutches, because of a dynamite explosion; have a starving wife and seven child—"

Tramp: "Madam, you are wrong."

Lady: "Or you are a veteran of the late war, on the way—"

Tramp: "Madam, I was a college foot ball player."

——6:30 A. M.—Tommy arises.

6:35—He complained of a headache.

7—Quite sick, but able to eat a hearty breakfast.

7:30—Getting worse very rapidly.

8—He develops signs of fever.

8:15—Complications of toothache and sore throat.

8:45—He fears he will die.

9 (school time)—High fever, aches all over, and sobbing with pain.

9:15—Little Tommy is out in the yard wrestling merrily with the neighbor's boy.

SAVES TIME.

"Are you doing anything for that cold?" asked Raynor.

And Shyne handed him a card inscribed as follows:

* . . . . . *
: I'm taking the advice of every :
. Blamed Fool .
: That comes along with a Remedy, :
. What's Yours? .
* . . . . . *

The microbe wafted on the breeze
Now makes his annual trip,
And when the folks begin to sneeze
We know he 's brought his grip.

WHY HE HUGGED HER.

"Henry, have you any collar bones?"

"I fancy so, dearest; but what an odd question."

Eliza Jane: "Oh, I was wondering whether or not you resembled a bear. They have no collar bones. Do you know I'm very fond of bears, they ——"

Uncle Gabe walked around the stalwart foot-ball player with an air of critical curiosity; he looked up and down as he would have done a horse he was about to purchase. "Amandy!" "What is it, Gabe?" "He's nigh onto six foot, ain't he?" "Every inch of it." "Weigh about 190 odd?" "I reckon." "Well foot-ball certainly does develop 'em most powerful"— "Certainly, a fine young man"— "Man? Mandy, Professor Bunter told me hisself 't that feller's in his fourth year! Talk about your oatmeal porridge!"

WHEN TO BELIEVE.

Patient: "Doctor, do you think you ought to believe everything you hear?"

Physician (with his ear at the stethoscope): "Yes, when I know I'm getting some inside information. Hold still a moment."

[*The publishers of this journal, and they only, are responsible for what they from time to time disclose under "Ethics and Politics." The editor will as heretofore confine his attention to the discussion, from a medical standpoint, of questions of professional nature. The editor neither writes nor edits matter under this caption.*]

The Picket Line.

Some time ago we illustrated the almost pitiful incompetency of an aspirant who had systematically started a boom for himself for the proposed cabinet portfolio of National Health Department. Up to the present writing nothing further has been heard from him or his on the subject. Whether he recognizes that the skeleton in his professional closet thus unexpectedly dragged forth to public gaze has dispelled the ghost of a chance he may have had before, or whether he is laying low, abiding the time when the mephitic odors occasioned by opening this dank closet shall have been wafted away, to come forth again in the same ambitious capacity, we cannot now say. This action on his part is precisely in keeping with our first suspicions regarding this much advertised Department of Health, namely: it was and is a scheme on the part of certain medical politicians to advance their own selfish ends.

Other journals are arriving at the same conclusion. Among them *The Philadelphia Polyclinic*. It is always a source of gratification to us when we find that the views of the *Polyclinic* coincide with our own. There is no medical periodical in this country carrying with it a greater weight of influence or more deserving of a careful hearing. It cautions as follows regarding the National Department of Health:

From time to time in various medical and sanatarian societies, congresses of physicians and sanitarians, and medical journals, agitation has been undertaken in behalf of the creation of a National Department of Health. The President of the United States, in a message to the present

Congress, recommended the creation of such a department, and it is to be presumed that, in one or another form, the department will be created, if not by this Congress by a succeeding one.

The plan suggested for the organization of the department by various medical societies, committees, newspapers and individuals vary considerably, not only in detail, but in fundamental principle. It is not our purpose to discuss these various plans *in extenso*, but merely to call the attention of our readers to the importance of considering the subject, and of adding their influence to the movement in favor of the centralization of sanitary authority by an acceptable method.

Some of the plans suggested, however, and the character of *some of the individuals at work in their behalf* are such as to arouse grave doubts of their wisdom in the minds of those who may justly be called the better element of the profession. Whenever and wherever partisan politics or personal self-seeking has been permitted to influence the organization and administration of Health Boards or other sanitary bodies the result has been detrimental, alike to the interests of science and to the welfare of the community.

The medical politician is one of the worst of his class; clothed in the gown of a learned profession, his true character is the more readily concealed and his opportunities for evil are thereby multiplied. That such men exist is a sad but indisputable fact, and it is well known that they are actively at work in the hope that some of the loaves and fishes to be distributed by the new department, or some of its opportunities for personal aggrandizement of a less material character, will fall to their lot.

It, therefore, becomes the duty of those interested in the health of the community, and in the purity of government, not less than in the elevation of the medical profession, to be on their guard and to see to it that while they assist all proper efforts to concentrate and improve the administration of health affairs in the United States, the fruit of their toil shall not be plucked by self-seeking politicians with a medical degree."

* * * *

A Silly Thing. It is said that the Roman Augurs, who were accustomed to impose so shamefully upon the masses of the people, took extreme care never to meet in a public place, for fear, as afterwards confessed, they could not look each other in the face without laughing. This is a story of the olden time and a heathen race.

In the far East to-day magicians and sooth-sayers practice the "black art," and wield a mighty, unmeasured influence, because they surround their deceitful tricks with secret rites and render them inviolate and unquestioned by the influence of traditional

lore. These frauds obtain only among a foolish and ignorant people.

On the frontier, among uncivilized Indian tribes, the medicine man, clothed in mystery and little else, generally, is still held in superstitious awe by the untutored children of the forest.

In our own midst we have christian scientists, faith healers and trance-mediums, with their slender following of fools. They, too, invariably rely upon secrecy, darkness and mystery, in some form, to convince and hold the faith of even their simple minded apostles. These handmaidens of fraud have, in the course of natural events, become discredited. They no longer have place or standing. Whenever they appear they create suspicion. In view of these palpable facts we have had occasion before to criticise the position of the Cincinnati Academy of Medicine in maintaining secret meetings and in refusing representatives of the press liberty to be present at their regular sessions. Why should they not? Like the Roman Augurs, are the members of this organizatlon obliged to have secret sessions that they may laugh together at the success of their impositions and the simplicity of the people? We do not believe it. Do they hold in such abhorrence the secular press, that they cannot bear the contact of its energetic agents? A hundred times *no*. Is it that they love darkness rather than light because their deeds are evil? In most cases no. Do they seek to add to their importance and the public esteem they may have or want by thus hedging themselves apart? No doubt this is, in the majority of cases, the ruling reason. It is not a good reason or a worthy motive. It does not ring true. The time has gone by when such artifices as these were effective. To-day they find no sympathizers. This absurd action on the part of the Cincinnati Academy of Medicine, throws a weight of contemptuous pity upon many manly shoulders where it should not rest. It is silly, just silly; and it is so characterized by the most influential medical organ in this country, the *Medical Record*, which has the following to say on the subject:

"At the opening of the last meeting of the Cincinnati Academy of Medicine, says *The Cincinnati Lancet and Clinic*, one of the members rose to a question of privilege, in which he stated that, inasmuch as the

Academy is a constituent part of the Ohio State Medical Society and of the American Medical Association, and as such, professes allegiance to the Code of Ethics of the latter body, attention was called to the frequent presence of newspaper reporters at the meetings, and to the publication of case reports in the daily papers. Whereupon the presiding officer said the point was well taken, and if newspaper reporters were present they would please retire from the room. Three note-books were folded up and their possessors abjourned.

At the New York Academy of Medicine, and at the meetings of the New York County Medical Society, there are always seats reserved for reporters, who are welcome to give to the public anything that is of interest to it. At the meetings of the American Medical Association, the proceedings are always reported in the daily papers, and we have observed that frequently pictures of the prominent members are to be seen in the columns. The meetings of the *Academie de Medicine* of Paris are always public, and so are those of all the learned bodies throughout the world. There is nothing specially mysterious or sacred about the discussions in medical societies, nor is there any good reason why they should be held in secrecy. As a matter of fact, they are usually too technical to have any general interest. But we see no reason why the public should not hear what physicians say in open discussion about matters that concern the general welfare. If medical societies degenerate into occasions of bickering and quarreling, and the airing of personal grievances, their sessions might well be made secret. But there is no other good reason, and we fear that the infant Cincinnati Academy has done a very silly thing. Are its words more precious than those of the academy of Paris?

The Popular Science Monthly for March, 1895.—The opening article is a vividly illustrated description of the Birth of a Sicilian Volcano, by Prof. A. S. Packard. Some of the measures taken to prevent the counterfeiting of bank bills, are clearly explained by C. W. Dickinson, Jr. Mr. Bela Hubbard undertakes to point out the Lesson of the Forest Fires, a terrible feature of which in 1894 was the loss of life involved. In an article on Scientific Method in Board Schools, Prof. H. E. Armstrong, F. R. S., makes it plain that what scientists are calling for in education is the teaching of the *method*, not the *facts* of science. The Mother as a power for Woman's Advancement is a wholesome and feeling view of the woman question, by Mrs. Burton Smith, an earnest Southern woman. Wellner's Sail-wheel Flying Machine, which embodies a novel mode of employing aeroplanes, is described by Miss Helene Bonfort, with illustrations. The subject of Biological Work in Secondary Schools is treated by Alfred J. McClatchie. In the "Mutual Aid Society" of the Senses, remarkable instances in which the loss of sight or hearing has been largely made good by increased delicacy of another sense are given by Dr. S. M. Miller, etc., etc.

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Editorial.

The Influence of Food on Character.

If we examine we may trace the characteristics of races, and the cause of many evils to the dietetic character of the people, and some claim here may be found the solution of the great social questions of to-day. No doubt the rejection of all meats would give a new direction to human culture and industry, and numerous diseases would disappear.

Every individual should be nourished in accordance with his organization. Man was probably intended by nature to subsist upon the vegetable kingdom. The laws of his nature cannot be suspended by artificial methods without injury; and he finds as he ascends in the scale of civilization, that his nutrition must be derived from a vegetable source, to maintain a moral life without a continual struggle. The expense of living would not be as great, and the poor certainly be elevated. Flesh, it is claimed, is not the natural food, and many bloody wars might have been prevented, had man not been a flesh eater, though not more than the tenth part of the human race have, in fact, been flesh eaters. The natural course of development, as man progressed from a savage life to a civilized being, has not been in the direction of flesh eating. The ability to kill and eat is certainly of a lower order than to cultivate the soil for food.

Flesh being a product of nutrition, it contains necessarily a certain amount of waste matter of the animal, in process of elimination from the system, and these particles, being the waste, contain all the impurities of the animal they carried into the human system, and many times contain toxines dangerous to life. Flesh enriches the blood unnaturally, and produces unnatural heat; and many persons are made exceedingly nervous by a flesh diet.

We often see persons go shivering through life who live exclusively on meat diet, with sallow face and big abdomen. In these cases nothing will improve their condition except to return to a vegetable and fruit diet. A few days of abstinence from animal diet, their big paunch will give way, and the natural color return to the cheek, and they will be more capable of protracted labor, both mentally and physically. E. J. S.

* * * *

Bacteriology Belittled. During the past month there has been going on in Cincinnati a discussion of the germ theory, more especially as applied to tuberculosis, that is deservedly attracting wide-spread attention. It is a battle royal. Arrayed on one side are the eminent Drs. Amick with their following, who do not believe in the germ theory and contagiousness of consumption. Against them are the supporters of the theory, strong in numbers and well-known to the profession and public. The discussion was precipitated by the proposition made by the authorities of the City Hospital to colonize all the consumptives in that institution in the pesthouse. This was a step beyond the endurance of the opposition and called forth the following dignified protest. So far as we know there never has been such a strong arraignment of the germ theory; never has the lengths and depths to which this popular fad has carried otherwise sensible men before been so illustrated and amplified. It is the most palpable *reductio ad absurdum* that has come to our attention for many a long day. We give it in full to our readers, because every word in it is a telling blow and because there is no one, whatever his belief, who can afford to miss it. Time and again this JOURNAL has raised its voice in earnest protest against the ridiculous spectacle that many doctors are making, of themselves in particular, and of the profession in general, in their wholesale endorsement of the germ fad. It has gotten to such a point that it seems to the observer that they are contending to see who can propose the most preposterous proposition, and from every quarter there is even now coming the command to halt. However much we rejoice to see that such is the case, this JOURNAL is, as it has been, a fair and open field for all

honest discussions, and while we give the opposition a hearing this month, we will as readily give place to the affirmative whenever they have anything to say worth time and space.

The following is the text of the now famous protest:

We have during the past year, watched with concern and regret the tendency of a few physicians in several of our leading cities to abandon the practice of medicine, to disregard the accumulated knowledge of over 2000 years of scientific investigations and observations, and degrade pathology and therapeutics in behalf of the suckling science known as bacteriology. We have noted with regret the disposition of a few metropolitan physicians to swallow wholesale the reckless assertions of a few hobby riders in the ranks of a science, which, born but yesterday, has up to date unearthed a few curious and interesting facts which, illustrated with a magic lantern, are calculated to make a most entertaing lecture for the students of science. With these reckless assertions as a basis, these too hasty physicians have shown their readiness to precipitate a general panic which bids fair to girdle the earth. One-fourth of the human race is consumptive. Seven-eighths of the family circles in this country would be in mourning if only a fraction of the propositions of these enthusiasts were carried into effect. If the public at large for one moment understood the ultimate tendency of this movement it would be crushed out of existence at the end of that moment. Back of the propositions of these misguided enthusiasts there is not one single proven fact, one single iota of evidence, one single logical argument, or the full sanction of one single clear-headed physician of mature years, whose tendency to form hasty conclusions has not been demonstrated in his previous endorsement of the Brown-Sequard craze, the Koch fad and other equally absurd theories. We note with regret that these gentlemen have even gone to further lengths than their tutors, the bacteriologists, who do not even now claim that the bacilli of consumption is the primal cause of that disease.

In order that conservative, level-headed physicians of the country, may understand the absurd lengths to which a few metropolitan physicians have committed themselves in their ardent endorsement of the latest scientific baby, bacteriology, we give herewith just a few of the recommendations and proposals of these gentlemen. In reading these recommendations and proposals, we wish the reader to understand that we stand ready to prove that each and every one of them was seriously advocated either in a medical journal, medical work, or work on bacteriology, by some known medico-bacteriologist. Here are the recommendations:

That the several hundred thousand consumptives in the United States should be segregated. That the several millions of persons suspected of having consumption in the United States should be segregated. That every house in which a consumptive has lived be destroyed by fire. That all carpets, draperies, screens, towels, handkerchiefs, clothing and bed

linen used by a consumptive or coming in contact with one, be destroyed by fire. (This proposition is sometimes made more mild and only requires that such articles be disinfected.) That all furniture used by a consumptive be destroyed or at least disinfected. That all apartments in hotels, which have been used by a consumptive, be placarded and not used by any other persons until thoroughly disinfected. That all domestics should be examined by an inspector for the bacilli of consumption before being admitted into a household. That school children should have their throats examined by competent inspectors every morning before entering school. (We stop to note with regret that the last preceding recommendation was made by no less a personage than the late Dr. Alfred Loomis, of New York City.) That it is not safe to smoke cigars, as they may have been made by consumptive cigar-makers. (Dr. Kerez, a German physician, inoculated guinea pigs with an infusion obtained from cigars and produced alleged consumption.) That it is not safe to frequent the town Postoffice or Criminal Court room, or any other court room, unless they are daily disinfected. That it is not safe to go to a church which is not regularly disfnfected. That it is not safe to ride in street cars, which are not regularly disinfected. That it is not safe to receive letters written by consumptives or handled by consumptive mail clerks or carriers. That it is not safe to use the cups, plates, knives and forks in restaurants and hotels, as the simple rinsing of these articles with boiling water is not sufficient to kill the bacilli. That the children of consumptives should not be permitted to go to cemeteries, as the bacilli of consumption have been found alive in the graves of consumptives twenty-five years after burial. That it is not safe to drink water which has not been sterilized. That it is not safe to use ice unless it has been made from sterilized water. M. Riche, a French physician, in an article in Modern Medicine states that 175,000 microbes were found by him in a cubic centimeter of ice and (these are his exact words) that "ice should not be used until it has been thoroughly boiled." (It is our belief that in making this recommendation M. Riche was not serious, and that he is inclined to hold the germ enthusiasts in rather light esteem.) That all animals suspected of having tuberculosis should be killed at once. That all barns and hog pens and other habitations of animals subject to tuberculosis should be frequently disinfected.

Carl Frankel, M. D., of the University of Konigsburg, in his text book on bacteriology says: "It is the positive duty of every sensible physician to strictly forbid the use of unboiled milk." That every article of food should be sterilized, or over-cooked. That it is not safe to eat the flesh of cows. That it is not safe to eat the flesh of fowls. That it is not safe to eat the flesh of rabbits. That it is not safe to eat the flesh of swine. That the bacilli of consumption are frequently found in lager beer and bread. That children should be raised on boiled goat's milk. That each consumptive's room should be scrubbed throughout with soap and water every day. That it is not safe to keep a cat, as they are in the habit of lap-

ping up the sputa expectorated by consumptives, and are a source of contagion. That it is not safe to use cream unless it has been boiled. That it is not safe to eat butter. That the practice of kissing should be stopped. That mothers should not permit their children to put playthings or articles of any nature in their mouths which have not been previously disinfected with scalding water. That house flies are most dangerous, as they carry the bacilli of consumption from one person to another. That bedbugs are dangerous for the same reason. (The last preceding recommendation should be credited to Dr. Felix Bremond.) That the hides and horns of cattle should be disinfected before they are put to any commercial use. That consumptives should be excluded from following certain occupations. (The last preceding recommendation, if incorporated into a law, would be a distinct violation of the Constitution of the United States.) That consumptives should be removed from their homes and quarantined, if necessary, by force. That the children of a consumptive should be taken away from him or her. That consumptive mothers should not be permitted to nurse their own offspring. That it is dangerous to wear the jewelry of another person unless confident that the said person is not a consumptive. That the walls of rooms which had been occupied by consumptive patients should be washed with bi-chloride of mercury. (It is interesting to note that 50 per cent. of those who work with mercury in the manufacture of looking glasses die with consumption.) That all consumptives, after death, should be buried in quick-lime. That, "it is terrible to contemplate the unresisted march of the dread scourge, consumption, stalking through the land, and threatening to sweep the human race from the earth." (Consumption was just as prevalent in proportion to population 500 years before Christ as to-day.) That the whole population of the country should be warned of the dread danger of contagion from consumptives from the broadcast dissemination of circulars, pamphlets, leaflets, etc., calling the attention of everyone to the alleged fact that every consumptive is a source of actual danger to his associates. That all asylums, homes, hospitals, dispensaries etc., be required to transmit to the Board of Health the names of all persons suffering from pulmonary consumption within seven days of the time when such persons first come under observation. That for the purpose of carrying out all these multitudinous measures and investigations special inspectors be appointed. That whenever a Board of Health becomes aware of the existence of families or premises where consumption exists, or has existed it shall be the duty of these inspectors to visit these places and deliver warning circulars to the consumptive, the family and their neighbors. That pesthouses for consumptives be established to which consumptives shall be transferred, if necessary, by force. That everything and everybody, in the remotest degree related to consumption or a consumptive, be placed under sanitary surveillance. That private boarding houses, dwellings, tenement houses, hotels, factories, offices, horse cars, electric cars, elevated railway cars, steamboats and the universe in general

should be disinfected. That for the carrying out of this plan special corps of medical directors, assistants, inspectors, disinfectors, etc., be appointed. That the following cheerful placard, with the name and address of the CONSUMPTIVE, be posted on the door of the house, flat or apartment which is or has been occupied by a consumptive.

Health Department, No, 301 Mott Street, New York.

NOTICE.

Consumption is a communicable disease. This apartment has been occupied by a consumptive, and may have thus become infected. It must not be occupied by persons other than those now residing here until an order of the Board of Health, directing that it be cleansed and renovated, has been complied with.

Name of occupant . . . . . .
Floor . . . . . No . . . . . Street.

This notice must not be removed until the order of the Board of Health has been complied with.

By order . . . . . .

(If some of the above recommendations are carried into effect the Boards of Health of the country would have more power over the lives, happiness, welfare and prosperity of our people than any tyrant who ever lived, and we fear that the property owners of the country, who have houses to rent, would soon be clamoring for a Lexow Committee in every city, village and hamlet in the land.) A Bucharest physician sagely suggests that all consumptives or sufferers from other germ diseases should be forced to boil their money before giving it to their physicians, butchers, bakers or candlestick makers in payment of bills.

Some further recommendations are as follows: Do not drink vichy water; it contains bacilli. Do not use soap for the same reason. Do not shake hands; the human skin is a playground for bacilli of various degrees of virulence.

The above are but a few of the recommendations made in all seriousness by members of the little coterie of New York physicians who are fostering the coming panic. We can give the names of the physicians who are responsible for these recommendations, the publications in which they were printed and the date of publication. We have compiled and printed them with regret, and only as a last resort, as we are aware that, in the eyes of any sane citizen, they are utterly absurd and ridiculous, and have a tendency to cast discredit upon the entire medical profession. We, therefore, wish to say, in this connection, that the level-headed, common-sense majority of the medical profession all over the land today regard these enthusiasts with no other feeling than that of sorrow and regret. In every printed utterance these too hasty gentlemen are storing up a collection of "back tracks" that inside of three years will rise up and overwhelm them, with confusion. History repeats itself. But a few short years ago the same class of reputable but too easily enthused physicians went mad as

March hares over Brown-Sequard's elixir of life. Less than six years ago they did the same thing over Koch's tuberculin. Today both of these fads are deader than the proverbial door nail. We will give the present craze twelve months longer. By that time we trust the common sense of the level-headed majority of the medical fraternity, under the leadership of conservative physicians like Lawson Tait and Thomas J. Mays, will have relegated these enthusiasts to the background. In the meantime we think it is a great and inexcusable injustice and brutality that this senseless panic should be permitted to wear itself out without opposition at the expense of the poor consumptives, their relatives and their friends.

It is for these reasons that we wish to enter our protest against the no doubt well intentioned, but, we believe, ill-considered, action of the Board of Hospital Trustees in proposing to segregate consumptives at the smallpox pesthouse. If the City Hospital is overcrowded and it is necessary to transfer a number of patients to the branch hospital, all well and good, but it is brutal to sort out the consumptives for this purpose on the alleged ground that consumption is contagious. It is laying a foundation for a senseless and cruel panic, for which there is no logical basis in proven facts.

To further show the utter absurdity of this movement, we will say that a well-known physician recently, in a printed article, advised that all mothers should disinfect their breasts before nursing their infants. With this fact in mind, it was recently found, on an examination of the milk of forty-nine mothers, that the milk of forty-five contained bacilli of the alleged disease-producing varieties. If the assertions of the bacteriologists are true, it is time for the human race "to get off the earth."

ELIZABETH STUART PHELPS, Mrs. A. D. T. Whitney, Rev. Robert Collyer, and Walter Besant are all going to tell in *The Ladies' Home Journal* of either the man or woman who most influenced their lives.

THREE clever women, Margaret Deland, Sarah Orne Jewett and Mrs. Burton Harrison, will try and settle in the next number of *The Ladies' Home Journal* when it is proper to use the word "woman" and when the term "lady" should be employed.

THE PAST MONTH

Brief and breezy items of news are asked from Doctors everywhere.

DR. F. W. Moses, of Grove City, Ohio, is one of our new recruits, and is very welcome.

DR. HULKE, President of the Royal College of Surgeons of London, died February 25th.

DRS. McConnaghy and Rankin, of East Bernard, Texas, both manifest a lively interest in the Journal. Both have our best wishes.

DR. C. H. MILLS, one of the oldest practicing physicians of Toledo, died Friday, February 15th, aged 63. He was born in Chicago.

J. M. HUNTER, M.D., 3557 Rhodes ave., Chicago, Ills., manifests a friendly interest in the Journal, and will, we hope, become a contributor.

DR. CRAIG FENLEY, a prominent physician, of Covington, Ky., died at Ashville, N. C., Feb. 21st, of lung trouble. He was 37 years old, and leaves a wife.

THE Journal has many friends in the South. Among others Dr. J. McDairmid, of Flat Creek, Ga. is taking an interest in our welfare, which is appreciated.

DR. Julia Holmes Smith, of Chicago, has been made a member of the Board of Trustees of the University of Illinois, to succeed Dr. John H. Bryant.

A one word cablegram received at the State Department, February 2d, from U. S. Consul Short, at Pera, Turkey, announces the appearance of cholera at that place.

T. G. and J. E. Douglass, well-known doctors of Albion, South Carolina, send in kind words regarding the Journal, and a substantial proof of their sincerity.

DR. HENSHEL A. RUSS, of Hillsboro, Ohio, has been acquitted of the charge of performing a criminal operation on a sixteen year old school girl.

MR. J. S. Burdon Sanderson, who has been appointed Regius Professor of Medicine in the University of Oxford, is a brother of the Lord Chancellor of England.

CARL W. BOYER, M. D., recently of Manchester, Ala., writes us that he has purchased a large farm at Gibbs, Hardin Co., Tenn., which place will be his future residence.

AMONG our new subscribers of the past month is Dr. W. H. Button, of Parkman, Ohio. We learn that he is highly esteemed in his community, both professionally and socially.

DR. F. L. Bates, of Lima, Ohio, is not only a good doctor, but a scrupulously honorable business man. We have material proof that such is the fact, which we gladly acknowledge publicly.

DR. J. J. BURTON, a prominent physician of Royal Center, Cass County, Ind,, was assaulted Feb. 2d by James Taylor, a laborer. Taylor, who was drunk, had a grudge against the doctor on account of an article published about him in the Royal Center *Record*, when the Doctor edited it two years ago.

DR. T. M. KYLE, a well known young physician of Aurora, Ind., met with quite a serious accident, January 31st. He slipped on an icy pavement, fell, and dislocated his clavicle.

DR. PETER JULIEN, of Olathe, Kansas, has been 56 years in the practice of medicine, and is still in harness, and hard at work. We hope shortly to present the picture of this veteran to our friends.

PRIZE ESSAY ON TUBERCULOSIS.—Dr. Herman Weber, of London, has given the Royal College of Physicians $12,500 for the foundation of a prize to be offered every two or three years for the best essay upon tuberculosis.

THE Philadelphia Board of Health —The Councils of the city of Philadelphia having appropriated $15,000 for supplying antitoxin, it is the intention of the Board of Health to establish a bacteriological laboratory.

WE have received a courteous letter of appreciation and thanks from Dr. S. Belle Craver, of Auburndale, Ohio. We hope that she will occasionally contribute to the pages of the Journal from her fund of experience.

THE Indian Medical Association is a new society recently established in Calcutta. It numbers among its charter members the most influential members of the local medical practitioners. It will no doubt be an influence for good in its community.

A twenty months old child in the Choctaw nation was stung to death by bees some time ago. The report stated that the child was literally covered by bees, not a square inch of the surface of the entire body remaining uncovered. The child lived about twelve hours.

DR. A. H. WILLIAMS, a prominent physician of Sumner County, Tenn., in a difficulty with Ruff Bell, a farmer, over a medical bill, was struck on the head by Bell with a heavy iron bar February 21st, and his skull was badly fractured. The wound is considered fatal.

AN interesting comparison has been made between the number of physicians practicing in civilized and uncivilized countries. Thus New York City has 3,500 physicians for her two millions. China has twelve hospitals, and twenty-five physicians for 400,000,000.

THE newspapers say that Dr. H A. McChesney, of Green Bay, Wis., a young society man, gave a stag and progressive cinch party, Jan. 31st, on a lavish scale. Henry Rahr, a wealthy brewer, the winner of the first prize, received a deed of one hundred and twenty acres of land valued at $5,000.

"ACCORDING to the statistics of suicide in London," says the *N. Y. Record*, "for the twenty years from 1865 to 1884, analyzed by Dr. Ogle, the favorite month for self-destruction is June, with 1.022 per 10,000 suicides, while December has but .697, the lowest figure of the entire year."

THE funeral of Dr. Jamin Strong took place Friday, Feb. 1st, at his late residence on Euclid-pl., Cleveland, Ohio. A large number of persons were in attendance. The services were very brief. The Arion quartet sang several selections, and Rev. Dr. Sprecher, in his address, referred to the long life of Dr. Strong and his services to humanity.

"We cannot but be attracted by a life that has been nobly lived," said the divine. "It is the character of such a life that lives with us. It needs no eulogy."

THE *Medical Record* says that the death rate of New York city is 21.05, while that of St. Paul and Minneapolis is only 9.6. It finds that the proportion of doctors is about the same in the two cities. The query is. "How can these western cities support so many physicians?" It concludes that the people there get ill, but do not die.

DR. J. R. Weist, of Richmond, Indiana, was for eight days, (Feb. 12th to 20th), on the witness stand in the will case of millionaire Morrison. Dr. Weist had been the physician of Jas. W. Morrison for twenty years. Dr. Orpheus Evarts, the eminent Cincinnati specialist, was also an important witness in the case.

THE trial of ex-sheriff John S. Vanarsdal for the killing of Dr. Frank L. Herrod, at Harrodsburg, Ky., has attracted wide-spread interest throughout the state recently. The defense claims that Dr. Herrod put in circulation certain stories and circulars prejudicial to the re-election of Vanarsdal to the office of sheriff. The defendant was acquitted.

SOFT CORNS.—The following is recommended as good treatment: Bathe and dry the foot. Then paint the offending corn with a one-eighth per cent. solution of silver nitrate, repeating this application every fourth or fifth day. In the meantime the toes should be kept apart by a pledget of cotton smeared with zinc petrolatum ointment.

EIGHTEEN years ago Peter B. Brigham, a native of Vermont, gave $1,000,000 for a free public hospital for Boston, to bear his name, on the condition that the bequest should remain untouched and draw interest for twenty-five years. When it becomes available, seven years hence, the trustees will have nearly $3,000,000 in their hands.

DOUBLE PAY FOR TWINS.—A man in Ohio was arrested at the instance of a woman, who claimed that he was the father of the unborn child. He was released on payment of $300. But when the time came it was found that there were twins, and the poor man was arrested again, and the penalty for his misdoing was promptly doubled by a smpathetic jury.—*Med. Record.*

ONLY 906 persons in a million die from senility, says the *Medical Age*, while 1,200 succumb to gout, 18,400 to measles, 27,000 to apoplexy, 7,000 to erysipelas, 7,500 to consumption, 48,000 to scarlet fever, 25,000 to whooping cough, 30,000 to typhoid and typhus and 7,000 to rheumatism. The averages vary according to locality, but these are deemed pretty accurate as regards the population of the globe as a whole.

THE wedding of Dr. H. S. Chase and Miss Carrie B. Taylor, only daughter of Captain and Mrs. Ed Taylor, of Mt. Auburn, Cincinnati, took place Tuesday, February 5th. Only the families and most intimate friends of the contracting parties were present at the nuptials. After the ceremony the young physician and his fair bride at once left for Junction City, Ky., where they will make their future home.

THE Academy of Medicine of Cincinnati have undertaken to have the water supply of the city improved. At a recent meeting the subject under discussion was the cause and treatment of typhoid fever. A paper on the same subject by Dr. W. E. Mitchell had been read before the Academy a week before. All of the physicians agreed that the disease was due to the drinking water. Those who took that view were Drs. Weaver, Kramer, Stanton, Freiberg, Caruthers, DeBeck, Bettman and Mussey. Drs. Schaller, Jules Eichberg, Comegys and

Reamey gave their views upon the general treatment of the disease. The surgical aspect of some of the complications was argued by Drs. Dandridge, Reed and Merrill Ricketts. After the discussion Dr. Mitchell offered a motion to appoint a committee of five to consider the most feasible plans of securing pure drinking water for the city.

No more fitting appointment could have been made for Health Officer of the Port of New York than Dr. Alva H. Doty, whose nomination was presented to the Legislature by Gov. Morton and immediately confirmed. Dr. Doty's long connection with the Health Office of New York as the head of the Bureau of contagious diseases, will render his new work comparatively easy.—*N. Y. Med. Times.*

In order to promote the use of shorthand by medical students and practitioners, by enabling them to increase their knowledge at the same time of the art and of their profession, a small sheet of clinical teaching in lithographed phonetic shorthand has been issued by a London firm. The paper, which will be continued if found to fill a need, contains reports of clinical lectures by Dr. Gowers, and other prominent London clinicians.—*Med. Times.*

The following letter of inquiry was printed in last Sunday's *Sun:* "If a man is sentenced to death by the electric chair, and after the current is applied and the doctor in attendance pronounces him dead his friends revive him through this new method or any other, does he gain his liberty, or must he serve the rest of his life in prison?" The *Sun's* answer was as follows: "The execution under the present law in this State isn't completed until the doctors have performed an autopsy. In other words, the doctors are executioners. After they have cut the criminal up there is no doubt about his being dead." This has an ugly sound, but who can demonstrate that the *Sun* is wrong?—*N. Y. Med. Journ.*

There is in the Cincinnati Hospital, a patient, whose case is puzzling the attending physicians. Some think he has the small-pox, others are of a different mind. It may be he is suffering from Purpura Hemorrhagica; but we are very much of the opinion that the medical man who can not tell small-pox from Purpura Hemorrhagica or any other disease is a very unfit guardian of public health or even private cases.

A despatch from Wooster, O., says: An investigation of the outbreak of diphtheria in the family of Isaac Bollinger, north of this city, revealed the cause to be from wearing apparel worn by diphtheria patients thirty-five years ago. A family by the name of Yost then occupied the residence; a child died and the mother was loath to destroy the clothing, and hid it in the garret. It was found and used by the present occupants, with the result that six in the family are down with the disease, one having died.

A correspondent of the Pall Mall Budget, in a letter on Seoul, the capital of the "Hermit Kingdom," says: "The Coreans take a great deal of medicine (those who can afford it), and it never seems to do them harm. For the rich, pills of incredible size are thickly gilded and placed in elaborate boxes. The poor take smaller pills, ungilded and omit the boxes altogether. Very many Coreans take medicine at stated periods without the slightest reference to their state of health at the time. These systematic persons do not take medicine when they are ill, unless illness has the good taste to fall upon their

duly appointed medicine day. This is how an old Corean explained to me the philosophy of the medicine-regularly-taken theory: 'On every seventh day you rest, whether you are tired or not. So do we take our medicine once in so many moons, because it is well to observe system —to be regular.' The old man's eye twinkled finely as he spoke, as who should say: 'What, are you answered now?' and I rather felt that he had me on the hip."

THE BERLIN DEBATE ON THE DIPHTHERIA ANTITOXIN.—To sum up the whole debate, the feeling generally was that the time has not yet come to pronounce a final judgment on this important question, as it could not be clearly proved that the lowering of mortality was due to the treatment or to the milder character of this year's cases. But all were agreed that the complications reported by Dr. Hansemann as following upon the treatment were of no importance, and that no patient had come to any harm by the injections. It was a subject of general remark that none of Professor Koch's or Professor Behring's assistants said a word in the debate.—*Lancet.*

UNFORTUNATE.—"I was at a little mixed gathering the other evening," says Dr. E. B. Sangree, "when an incident occurred that rather brought down the house. The conversation had turned on appendicitis, and in the course of the talk a gentleman remarked that Mr. Johnson had had his vermiform appendix removed. A deafish old lady present pricked up her ears at this, and asked, 'what was that you said?' Raising his voice the gentleman answered, 'I said that Mr. Johnson had his vermiform appendix removed.' Very sympathetically, and in loud tones, the old lady replied, 'Oh, what a pity; and he wanted children so badly, too!'"

THE hospitals of London treat annually in their out-patient departments 1,308,813; in their wards, 83,841. The total expenditures in 1893 were $3,499.315. In the last eight years the expenditures have increased 40.30 per cent., the incomes 14.419 per cent., and the patients about forty per cent. What will be the end? In ordinary commercial institutions it would be bankruptcy.—*Med. Record.*

A CHAIR OF HYGIENE AT WEST POINT.—The Sub-committee on Hygiene and Athletics of the West Point Board of Visitors recommends the establishment of a Chair of Anatomy, Physiology and Hygiene. Such a chair already exists at Annapolis.

DR. F. M. AGNEW, of Makanda, Ills., writes the following stirring words: "Your Journal is all that the profession can ask, and by the profession I mean those hard-worked honest toilers, who in the sweat of the face, eat bread, and not those holding sinecures from political 'pulls,' and reaping the ducats of the 'dear people' as rewards of partisanship. Success to the Journal in its manly defense of the code—the golden rule—and its unsparing attack on the fossilized system of which claims that a featherless biped can be made a man, simply by lacing him up in a set of rules, and give him horse-sense and sound judgment by a little legislation, in which is couched another political pull called a Board of Health.

The papers state that parties in search of a body stolen from Greenwood Cemetery, near Indianapolis, traced it to an unoccupied house which is being fitted up for the Indiana Medical College, and in the cellar they found twenty or more bodies. They had been brought in from country cemeteries within

two or three days. The Indiana Medical College was burned several months ago, and the bodies were being collected preparatory to opening the institution in the new quarters.

Professor B. J. Alexander, of Cottner University, and D. L. Mehan and J. A. Burford, were recently held for trial in Lincoln, Neb., on a charge of grave robbery.—*Med. Record.*

THE common council, of Milwaukee, have sustained the charges against Health Commissioner Kempster, and impeached him by a vote of 20 to 14, Feb. 21st. Dr. Kempster has been on trial before an Aldermanic committee for several weeks on charges that he failed to do his duty during the small-pox epidemic, and the committee found him guilty on nine specific counts. Dr. Kempster is an insanity expert of national reputation, was formerly at the head of the State Asylum at Oshkosh, was a witness in the Guiteau case and recently made sanitary investigations for this Government in Russia.

The London correspondent of the *Medical Record* says: at the recent fifty-seventh annual meeting of the General Medical Council, of Great Britain, a subject of animated discussion was the late action of the Swiss Medical Board in reserving to themselves all the practice in Swiss health resorts, Sir Richard Quain, president of the council, characterized such action as "selfish and all but heartless" and then hinted that English physicians would in turn remember where their patients could not obtain English advice. This is a warning to the Swiss, if not heeded, boycotting is likely to follow. Where, we wonder, is Ernest Hart with his good advice. He ought to be able to suggest a better method than that proposed by the hot-headed Sir Richard, who is a typical Irishman. It is a matter worthy of note that Ernest Hart, is conspicuous for his absence at important meetings of the English medical fraternity. In other words he is very small potatoes, indeed, at home. The president also brought before the council some statistics showing that there is a marked increase in the number of students and practitioners registered in Scotland this has been going on for several years, with acorresponding decrease in Ireland.

THE special correspondent of the Associated Press, who was sent out to investigate the atrocities said to have been perpetrated upon the Armenians, has made a second report. In it the correspondent says: A cholera quarantine is being enforced in various portions of the Sultan's dominions in such a manner as to draw a net around the districts of Armenia, in which the atrocities are alleged to have occurred, and to keep away from the scene of the outrages all independent investigators. It is announced that cholera exists in Van, Bitlis and Moosh, and that strict quarantine regulations must, therefore, be enforced. Now, it certainly is a peculiar circumstance that cholera should have happened to break out at this season of the year in a region of the Sassoun massacres, and nowhere else in Asia Minor.

A SANITARY coffin is a term with a curious sound, for most people think they are rid of hygiene after death. An Englishman, however, has patented a sanitary coffin, which really seems to have merits. The interior of the coffin, including the lid, is lined with a 3-inch cushion stuffed with caustic and antiseptic powder. When the body is fastened in the coffin it is tightly packed in an air-tight padding, which not only absorbs and neutralizes all the products of decomposition, but also eventually destroys the tissues themselves. It would be an

obvious advantage to enclose the body of any person who had previously died of an infectious disease in a receptacle of this kind, especially in view of the almost universal practice of allowing the bodies of the dead to remain for several days in the houses of the living.—*Mcd. Record.*

At a recent meeting of the New York Academy of medicine Dr. A. Jacobi presented a resolution which was adopted, as follows:

That medical books, pamphlets, and circulars, the contents of which are a character not proper for general and indiscriminate perusal or circulation, should not be admitted to or transmitted through the mails unless enclosed in sealed envelopes or wrappers, and prepaid at latter rates of postage, unless addressed for delivery to or in care of physicians, surgeons, medical schools or colleges, or to dealers in medical publications, and directed to them as such.

The Academy requested Dr. Jacobi to present the above resolution to such other medical societies as he should see fit, and to secure their indorsement of the same.

The following is the Associated Press account of a sensational shooting affray which took place in Toledo, January 31st. Dr. Frederick Alberts, formerly of Perrysburg, O., but for some time past a practittoner in Toledo, lies at the point of death at the East Toledo police station, with two bullets in his body, received during an encounter at the house of Mrs. Mary Greiner, in East Toledo. Alberts, who has been attentive to Mrs. Greiner ever since the latter's husband left her on account of the physician's alleged undue intimacy, quarreled with the woman over some money, and she alleges, attempted to stab her and her nine year old son, Herbert. Driven to close quarters, the woman picked up a loaded revolver, and, handing it to her son, directed him to shoot the doctor. The boy fired twice, one bullet entering Albert's neck and the other his left arm. Mrs. Greiner was terribly cut about the face. She and her son were arrested.

There is nothing new under the sun. Inoculation with antitoxin, it appears, according to a learned and ingenious correspondent of a Munich medical journal, is by no means new, nor even modern, having been employed by no less a person than Mithridates, King of Pontus. The authority for this statement is the Roman naturalist Pliny, who relates that this monarch, for reasons known to himself, was afraid of being poisoned, and therefore made himself proof against all such attempts by gradually accustoming himself to all known poisons, producing the state known from him as mithridatism. He was accustomed to make use of an antidote called mithridaticum, whose principal ingredient was the blood of the Pontic duck, this creature having been chosen because it had the reputation of living on poison. Here, therefore, we have the case of the blood of an immune animal being used to make another animal immune.

An exhibition of miraculous "cures" has been taking place in Paris. Fifteen persons who declare that they were miraculously cured at Lourdes of terrible diseases presented themselves for inspection at a lecture given by Dr. Boissarie of the *Bureau des Constatations* at Lourdes. Dr. Boissarie's object was to refute various statements made by M. Zola in his book on Lourdes, and in order to prove that the cures which take place at the scene of Bernadette's visions are truly miraculous he brought from various parts of France fifteen persons healed within the last two or three years at

Lourdes of diseases which medical science had pronounced incurable. Among these was the young woman, Marie Lemarchand, who figures in M. Zola's book as Elsie Rouquet. She went to Lourdes horribly disfigured with lupus, which had partly destroyed her nose and mouth and had spread over her whole face. Zola gives a realistic description of her appearance, which is anything but pleasant reading. It was, nevertheless, read at the meeting, and then Marie was asked to stand up and show her face. As she did so there was a general exclamation of wonder. The victim of lupus whom the doctors had abandoned had become again quite a pretty, fresh-faced country girl, whom medical men declared to be perfectly healthy. Another subject was a man who was pronounced at the Salpetriere Hospital to be suffering from paralysis and blindness, caused by atrophy of the optic nerves. He went to Lourdes, and recovered his sight and health instantaneously. Then there was a girl who was cured of a cancer which was so bad that a surgeon refused to operate upon it, and another of a wound in the foot caused by caries of the bone. This procession of "miracles," and the medical diagnoses and certificates which were read, produced an extraordinary impression. The audience was largely composed of doctors and medical students.

Dr. E. Bruno Zinke, one of the best known physicians in Cinti., died Jan. 15, at the Deaconess Hospital. He was ill one week. Drs. P. S. Conner and H. P. Hoppe were summoned, and from the start entertained very little hope for his recovery. He was suffering from hemorrhage of the bowels. The doctor was forty-three years of age, single, and born in Europe. He was a brother of Dr. Gustav Zinke, the well known obstetrician. He was a graduate of the Ohio Medical College, and practiced in Cinti. ever since 1880. Four years ago last March he left for Europe to pursue his studies, and returned to this country a few months ago. During his stay abroad he visited all the principal medical colleges. His untimately death is a sad blow to his large circle of acquaintances. Two sisters and a brother survive him.

Professor Henry B. Nason, whose death at Troy, N. Y., has been announced, was a noted scholar in the sciences and specialist in chemistry. Henry Bradford Nason was born at Foxboro, June 22, 1831. He fitted for college at Williston Seminary, Easthampton, and studied at Amherst College, in the scientific department, being graduated in 1858. He then pursued his studies in Göttingen, where he gained the degree of Ph. D. by his original investigations into the function of ethers. Returning to this country in 1858, he was chosen professor of natural history in the Rensselear Polytechnic Institute at Troy, and had been connected with that institution ever since, and for the past twenty-eight years as professor of chemistry and the natural sciences. For eight years—1858—66—he was also professor of chemistry and natural sciences at the University of Beloit, Wis. He was appointed a United States juror at the Paris Exposition of 1878 over the departments of mineralogy and metallurgy. Since 1880 he had been chemist of the Standard Oil Company. He had received the degrees of M. D. from Union College and LL. D. from Williston Seminary and Beloit. Since 1887 he had been director of Pratt Institute, Brooklyn. He was elected in 1878 a fellow of the chemical Society of London, and was a member of the chemical societies of Berlin and New York. Among his published works are "Table of Reactions for Qualitative Analysis," "Table in Colors for Qualitative

Analysis," a translation, carefully edited, of Wohler's "Handbook of Mineral Analysis," an edition of Elderhorst's "Blowpipe Analysis," and a "Biographical Record of the Officers and Graduates of Rensselaer Polytechnic Institute."

DOCTORS ON THE BICYCLE.—The place of the bicycle in modern civilization was rather strikingly illustrated the other evening when the New York Academy of Medicine listened to an elaborate paper by Dr. Graeme Hammond on the Wheel, its great uses and possible abuses in health and sickness, and then engaged in an animated discussion which resulted in a cordial and unanimous acknowledgment of its manifold and enduring merits. It was conceded, of course, that extravagant and otherwise ill-judged use of the bicycle may have serious consequences, but so far from showing that wheeling is peculiarly open to objection on this score, the observation and personal experiences of the medical gentlemen present tended to demonstrate the precise reverse. It scarcely needed to be pointed out that bicycle riding may endanger persons afflicted with heart disease, and that such persons ought to take competent advice as to their individual liability to ill results from this mode of exercise. It is a more important and a more cheerful fact that in some varieties of heart disease the bicycle may be better than any medicine, and that numerous human ailments are practically incapable of resisting its curative powers.

IN their third annual report, the trustees of the Hospital for Dipsomaniacs and Inebriates at Foxboro, Mass., state that the hospital has on the whole gained ground during the last year, although some difficulties have arisen from patients committed to the hospital, under a mistaken idea of the law governing it. The number of patients who have escaped during the last year has decreased very largely, while the number of those who, after their escape, have missed the care of the hospital and returned to it, has been steadily on the increase. Inquiries into the condition of those discharged from the hospital have been very gratifying, as it has been found that 42.14 per cent. have been free from inebriety since they were discharged, 14 per cent. are improved, while 43.80 per cent. are unimproved. Attempts to smuggle liquor into the hospital are still made, and the trustees wish the protection afforded by law to penal institutions in that matter to be extended to the hospital. There are now more patients in the hospital than ever before, but it will be impossible to meet the expenses from the board of patients during the coming year, therefore the trustees ask for an appropriation for part of the current expenses in 1895.

Dr. Alfred Lebbeus Loomis, one of the most conspicuous figures in the medical fraternity of the country, who by his labors in the specialty of pulmonary diseases had gained a world-wide reputation, died Wednesday morning, January 25th, at his home, No. 19 West Thirty-fourth st., New York City, from pneumonia after a brief illness.

Dr. Loomis was born in Bennington, Vt., in 1831, and was graduated from Union College in the class of '51. Two years later he received his degree as Doctor of Medicine from the College of Physicians and Surgeons of N. Y., Dr. Willard Parker having been his preceptor.

Dr. Loomis established himself as a general practitioner in 1855, after having spent two years as assistant physician on Ward's and Blackwell's Islands. The respiratory organs and pulmonary diseases were his specialties from the beginning.

and he soon became a recognized authority in that branch of medical science.

He was appointed physician to Bellevue Hospital in 1860, and in 1874 accepted a similar place on the staff of the Mount Sinai Hospital. For fifteen years, and until 1875, he was consulting physician to the Charity Hospital on Blackwell's Island. For more than thirty years Dr. Loomis was connected with the University of the City of New York, having become an adjunct professor of the Institute and Practice of Medicine in 1864, and a full professor in 1866.

Chancellor MacCracken, in speaking of Dr. Loomis's connection with the University says:

"He was the leader in three great advance steps of our Faculty of Medicine within the last ten years, namely, the liquidation of the debt of the college in 1886; the securing of a new laboratory in 1887, whose generous founder insisted on but two conditions, that it should be called the Loomis Laboratory, and that the giver's name should remain unannounced; and third, the reorganization in 1892 of the course of study, bringing it up to the demands of to-day. Dr. Loomis entered the University Council in 1892 with the single purpose of helping the new advance movement that had been begun the year before. He gave upward of $15,000 to the new college fund and persuaded others to give more than twice as much more. He has fallen in the forefront of our ranks, yet his work here was but the smaller part of his great work in life as physician, teacher, author, citizen, friend, philanthropist and Christian."

Dr. Loomis was a member of the principal medical societies of America and Europe, and has at different times been president of the New York Pathological Society and the New York State Medical Society. He was a large contributor to the medical literature of the day, some of his larger works being "Lessons in Physical Diagnosis," "Diseases of the Respiratory Organs, Heart and Kidneys," "Lectures on Fevers," "Diseases of Old Age," and "A Text Book of Practical Medicine."

The curative properties of the air in the Adirondack region in cases of incipient tuberculosis, and its value as a prolonger of life in advanced cases, had an enthusiastic champion in Dr. Loomis, and he was active among those who opposed the extinction of the forests of this natural sanitarium.

Dr. Loomis was twice married, and is survived by a widow and two children by his first wife.

THE medical fraternity are learning more every day as to what causes cross-eyes in persons and what is the simplest remedy. Not very many years ago it was thought necessary to operate on every person afflicted with cross-eyes if that person desired to appear like other people. Now eye-glasses or spectacles remedy the defect. This was exemplified in the case of an inmate of the Children's Home, Cincinnati, recently. The physician for the institution examined the eyes of Thomas Moore, six years old. The young fellow is terribly cross-eyed and has another defect of the eyes.

He is a sufferer from the most excruciating headaches, and every kind of remedy has been tried to alleviate the pain. The relief, however, was found to be only temporary. The peculiar distinction of young Moore is that when he was fitted to glasses, which he will be compelled to wear, it was found that he would have to wear glasses of the same power as those that might be worn by a man eighty years of age, whose vision was found to be in a pretty badly dilapidated condition. In a short time after young Moore had begun to wear the glasses it was found that his cross-eyes had disappeared.

DR. LOOMIS' will, disposing of $1,000,000, is an illustration of the large fortunes rolled up by physicians who achieve prominence as specialists in New York. This fortune was made in the main during the past ten years, and its size would indicate that the rumor which places the income of many of the New York crack doctors at $60,000 to $75,000 a year as not far out of the way. Some physicians, by the way, who discussed this matter, said that it was only among the ignorant people that anything startling was discernible in the fact that Dr. Loomis died of the disease which he was so successful in treating among his patients. Doctors so often give way before attacks of disease of which they have made a specialty that it has almost been accepted as a rule that they finally succumb to the enemy whom they have most frequently vanquished in others.

A CURIOUS physiological discovery has been made in the past year by Prof. Bohr, of Copenhagen, in regard to the mode of storage by which a fish accumulates so much oxygen in the air that distends the swimming or air bladder. The air contained therein has a percentage oxygen that may rise to as much as 85 per cent., an amount much in excess of the percentage in atmospheric air. Prof. Bohr tapped the air bladders of codfish and drew off the gas by means of an air-tight syringe. The gas had 52 per cent. of oxygen. In a few hours the air bladder was refilled, apparently by a process of secretion of gas from the blood in the capillaries on the wall of the bladder. In one experiment the gas thus secreted had 80 per cent. of oxygen. When the nerves connected with the organ were severed the secretion ceased and the organ was not refilled. It thus appears that when a fish descends to a great depth and his body is reduced in size by increased pressure of the water about him, he is able to attain his former size and rise by secretion of the gas he needs and not by absorbing it from the water. Support is thus given to the theory that the gaseous exchanges that occur in the lungs of animals are not purely physical.

THE business of making artificial legs, arms, fingers, ears and noses, or, according to the generic classification of the trade, "artificial limbs," is carried on by thirteen different manufacturers in Chicago, each of whom turns out a good many pieces of work every month. Since the hard times came on a year ago the business has not thrived so vigorously as formerly, for "persons with mutilations," as they are picturesquely described by the trade, could not so well afford to indulge in the luxury of artificial limbs, and so they put up for the time being with their crutches, and wheel-chairs. But the outlook is now much more encouraging.

Many of the firms are looking longingly toward the war in Japan—war is a business-maker for them—in the hope that the orders will soon begin to come in. American patches have been found to fit very well on foreigners; so well, in fact, that a great many "limbs" are sent to Mexico, Central and South America and to the islands of the sea.

In the past the trade with China and Japan has been small, perhaps for the reason that electric cars and bicycles are not so prevalent in those countries as in Chicago. There are also sudden fluctuations in the trade following every great disaster in which numbers of persons are maimed—a railroad accident, a mine explosion, or a falling building.

The enterprising manufacturer is always on the lookout for such for-

tunate events. He is usually a subscriber to some bureau of press clipping, and as soon as the news of a great accident is published he is immediately deluged with lists of the wounded and dead. The dead are completely disregarded, but wherever "leg crushed, amputation will be necessary," or "arm terribly mangled" appears, he makes a blue mark, and when sufficient time has elapsed he addresses a letter to the "person with mutilations," inviting him to call and look at a "choice assortment."

At the second day's session of the Ohio State and local Boards of Health meeting held in Columbus the latter part of January, "Well Pollution in Relation to Typhoid Fever" was the subject discussed by Dr. Josiah Hartzell, of Canton, in a paper of general interest. After saying that contaminated wells were a prolific cause for the spread of typhoid fever, he cited a number of interesting cases which proved the truth of his statement. One point brought out was that well contamination had occurred in New York at the depth of 1,000 feet, owing to the dip of the underlying rock formation. The inciting cause of typhoid fever is a micro-organism; river and other surface waters swarm with them. Filtration through a sand bed and porous porcelain has reduced the proportion of them; boiling and distillation kills them. Dr. Hartzell named the prominent methods by which the poison may enter the wells as follows: It may enter at the top; it may go from a cess pool and enter at the side or bottom; it may go from one to the other through many feet of limestone rock; it may descend 1,000 feet through a seam in the rock; it may reach the interior by leeching down from the surface; it may travel from one well to another on the same water bearing seam; it may break through a leak in a sewer and emerge as a surface spring; it may sail down a river two miles and then pass into wells located near the water stream; or it may travel an equal distance under a mountain and emerge on the other side fully fanged for the work of human destruction.

Among the interesting facts brought out was that every dug well is a drain for the reception of water from the surrounding earth; every foot of the well's depth will drain from three to six feet in width according to the nature of the soil. In the way of caution the speaker said: "Don't drink water that comes from under the city or the barnyard or the cesspool or the factory. Eliminate surface wash and impurities by filtering and sterilize of possible danger by boiling. If the typhoid poison is in the vicinity, boil and filter—distill if possible. In case of doubt get the opinion of a chemist. There is no chemical or patent nostrum, which by addition to a polluted water, will make it pure and wholesome." A most interesting discussion followed, in which some prominent cases of well pollution were cited.

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LATEST NEWS FROM OUR ADVERTISERS.

H. C. CROWELL, Kansas City, in *Kansas Med. Journal*, says: In chronic ovaritis, if the cervix is found puffy, enlarged and highly sensitive, the entire infra-vaginal cervix may be penciled over with iodized phenol or the dark Pinus Canadenis (Kennedy's).

WE want to recommend to our readers the *Tribune Almanac* for 1895, price 25 cents. It is capital in all respects. You can order from your news dealer or from the *Tribune*, New York City.

DR. CHAUNCY STEWART, of Allegheny City, Pa., has used Iodia very extensively in his practice and regards it as the "ideal alterative—the *sine qua non* in the treatment of syphilis, scrofula, and all diseases arising from syphilitic contamination or a strumous diathesis. Iodia has this advantage over mercurial treatment in syphilis: when the patient does get well, HE IS WELL. He is not tortured with mercurial rheumatism nor made to blush through the syphilitic blossoming of his face in after years. HE IS WELL. Unlike the long-continued use of other alteratives, Iodia does not reduce and debiliate the constitution, but invigorates and restores the vital powers and enables the patient at all times to continue in the discharge of his vocation."

RUSSIA'S EMPRESS GAINS STRENGTH.—The producers of "Mariani Wine" (Vin Mariani) should, according to report, soon have a splendid market in Russia for their nerve and brain tonic, as the Dowager Empress has, at the suggestion of the Princess of Wales, drunk it since the death of her consort, with the most remarkable and beneficial results. It seems that Her Majesty is one of the many delicate persons with whom stimulating drugs like quinine, iron and Peruvian bark disagree, but such is not the case with the wine tonic referred to. It is well known that the Princess of Wales also derived increased strength of brains and nerves from it during her last great trials. Moreover, in consequence of the benefits obtained by the Empress, a great demand for this tonic has sprung up among ladies of Russian aristocracy suffering from "nerves."—*The Court Journal*, London, Jan. 12, 1895.

JUST received: Practical Theory and Treatment of Pulmonary Tuberculosis, by Frank S. Parsons, M. D., editor of the *Philadelphia Medical Times* and *Register*. Published by the Medical Publishing Company, 718 Betz

Building, Philadelphia, Pa. Price 25 cents, paper cover. Also, Antisepsis and Antiseptics by Chas. Milton Buchanan, Professor of Chemistry, Toxicology, and Metallurgy, National University, Washington, D. C., with an introduction by Prof. A. C. Bernays. Published by the Terhune Co., Newark, New Jersey. Price $1.25, cloth bound, 352 pages.

THE DIETETIC TREATMENT OF PHTHISIS.—In the course of an editorial comment on a paper read before the Asociation of the Bellevue Hospital Alumni, by H. P. Loomis, M. D., the New Albany *Medical Herald* says:

"We have long preached the gospel of fat and have insisted that the scales are an important instrument of precision for detecting the rate of progress forward or backward, not only in the treatment of this disease, but in the general oversight of our patient. A loss of weight is always a suspicious sign and should arouse our attention at once."

The gospel of fat is undeniably a good one but, like many other gospels, it is easier to preach than to practice it. Face the problem, as it presents itself in the everyday course of practice. Here is a patient with all the symptoms of incipient phthisis; a marked and continual loss of weight has been noted and this must be checked. Realizing that starch is the natural source of fat, we recommend oatmeal, bread, potatoes, crackers and similar foods be more extensively used. We may even be deluded into prescribing cod liver oil. A week ensues and the patient again comes in, looking worse than before, and bearing a tail of woe to the effect that the cod liver oil can not be taken; that between it and the starchy diet which we prescribed digestive disorders have been set up and that a further loss of weight has been recorded. The problem now begins to assume that phase which undertakers are so successful in solving. We know that what the patient needs is fat; we know that starchy foods and oils are fattening, but if they can not be digested, what are we to do? It is just at this point that artificially-digested foods come to the rescue, and while disappointment may have followed their use in the past, owing to offensive taste or lack of permanency, the medical profession now has in Paskola a form of predigested starch, which is acceptable to the most delicate stomach and which, aside from its nutritive qualities, is such an active aid to the digestion of albuminous or meaty foods that it is well nigh a specific in the ordinary forms of gastric indigestion. A rapid increase in weight almost invariably follows its use.

REPRESENTATIVE PRACTITIONERS OF MICHIGAN.—*See Page 287.*

1. A. J. Campbell, M. D. . . Sault Ste. Maria, Mich.
2. J. E Heslop, M D . . . . . Thompson, "
3. Robt. N. Morris, M. D. . . . . Chicago, Ills.
4. W. G. Harrison, M. D. . . . . Sodue, Mich.
5. W. P. Andrews, M. D. . . . . St. Louis, "
6. J. H. McLain, M. D. . . . . Bureau, "
7. L. A. Harris M. D. . . . . Vanderbilt, "
8. Colfax Brownwell, M. D. . . . . Topeka, Kans.
9. M. C. Scully, M. D. . . . . Vernon, Mich.
10. Milton Chase, M. D. . . . . Otsego, "
11. E. B. Barnes, M. D. . . . . Hindsboro, Ills.
12. D. H. Strahan, M. D. . . . . Pewamo, Mich.
13. M. S. Brownson, M. D. . . . . Kingsley, "
14. A. B. Avery, M. D. . . . . Pontiac, "
15. T. H. Laverty, M. D. . . . . Fairfield, "
16. J R. Jones, M. D. . . . . Leesville, "
17. J W. Hawkey, M. D. . . . . Alanson, "
18. C. E. Davis, M. D. . . . . Marcellus, "
19. A. B. Chapin, M. D. . . . . Mt. Clemens, Mich.
20. C. R. Crosby, M. D. . . . . Cannonsburg, "
21. D. D. McNaughton, M. D . . . . Argyle, "
22. Theo. Grenier, M. D. . . . . Naubinway, "
23. Sid Conover, M. D. . . . . Tustin, "
24. B. C. Bradshaw, M D. . . . . Mayville, "
25. L. C. Read, M. D. . . . . Grand Rapids, "
26. W. A. Engle, M. D . . . . . Hartford, "
27. A. E. Unger, M. D. . . . . Dundee, "
28. P. J. Sullivan, M. D. . . . . Big Rapids, "
29. Annie A. Backus, M. D. . . . . Adrian, "
30. J. R. Williams. M. D. . . . White Pigeon. "
31. T. S. Collier, M. D. . . . . Vicksburg. "
32. Geo. F. Heath, M D. . . . . Monroe, "
33. Chas. F. Patton, M. D. . . . . Banister, "
34. L. S. Weaver, M. D. . . . . Freemont, "
35. L. L. Lyon, M D. . . . . Zilwawkie, "